

6425 E. Thomas Road Scottsdale, AZ 85251 Phone: 480.656.4600 Fax: 480.656.4150

COMPLETION CERTIFICATE

Customer Name_____

Phone Number_____

I/We have inspected the work that was done according to work orders. I/We certify that our job has been completed to our satisfaction, and that we are happy with the job that was performed on our house.

Balance Due (C.O.D	0.): \$			
X		Date:		
License	e #245294	Bonded	Insured	
	W	E OWE YOU		
Customer Name:		Phone Number	Phone Number:	
Address:				
			ing/damaged from your order	
			tract #:	