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CUSTOMER FEEDBACK FORM

FX (760) 435-9412

DATE: _____ No. _____

JOBSITE/NAME: _____ PHONE: (HM) _____ (BUS) _____
(OFFICE USE)

ADDRESS: _____

CONTRACTOR'S NAME: _____

CITY / STATE: _____ PHONE: _____

DISTRIBUTOR'S NAME: _____

CITY / STATE: _____ PHONE: _____

PRODUCTION DETAILS:

PROFILE NAME: _____

COLOR: _____

PANEL CODE: _____

INSTALLATION DETAILS:

DATE INSTALLED: _____

PALLET WRAPPING CODE: MF _____

SAMPLE:

SAMPLE COLLECTED: YES NO SAMPLE SENT TO: _____ DATE SENT: _____

PHOTOGRAPHS TAKEN: YES NO PICTURES SENT TO: _____ DATE SENT: _____

DESCRIPTION: _____

ACTION: (OFFICE USE) _____
