



Job # \_\_\_\_\_  
Install Date: \_\_\_\_\_

Installation Technician Section:

✓ Please Check applicable section(s)

- Carpet
  - Vinyl
  - Hardwood
  - Laminate
  - Tile
- 
- Waste & scraps removed from site, vacuum areas as needed?
  - Transitions/trims completed?
  - Furniture put back to original location (Where applicable)?
  - Job Completed, Time of completion \_\_\_\_\_
  - Walk through with Homeowner completed?
  - Technician's Initials \_\_\_\_\_?

NOTES:

Homeowner Section

On behalf of Exclusive Floors, thank you for your business. Your signature here represents your acceptance of the completed installation. Please inspect the installation with the installer to make sure our work has been completed to your satisfaction.

Signed \_\_\_\_\_ Date \_\_\_\_\_

NOTES: