



TRIPLE QUALITY PAINTING, INC.

FINAL EVALUATION

TRIPLE QUALITY PAINTING, Inc

CUSTOMER NAME: <u>Angela Moschke</u>	WEEK OF EVALUATION: _____
ADDRESS: <u>4383 Covey Tr</u>	CITY: <u>Leona, Florida</u> HOME PHONE: _____ CELL: _____
Triple Quality Painting Inc.	

1. HOW WOULD YOU RATE OVERALL SATISFACTION WITH TQP PAINTING INC

	VERY HAPPY				POOR
	5	4	3	2	1
COMMENTS: _____					

2. PLEASE RATE THE **PAINTER**

	NAME: _____				
		GOOD			POOR
• COURTEOUS AND KNOWLEDGABLE?	5	4	3	2	1
• HARDWORKING?	5	4	3	2	1
• NEAT AND ORDERLY?	5	4	3	2	1
• FOLLOWED SCOPE OF WORK?	5	4	3	2	1
• CLEANED UP UPON COMPLETION?	5	4	3	2	1
COMMENTS: _____					

3. PLEASE RATE YOUR **SUPERINTENDENT**

	NAME: _____				
		GOOD			POOR
• SITE VISITS ON DAILY BASIS?	5	4	3	2	1
• FOLLOWS UP WITH OWNERS?	5	4	3	2	1
• MAINTAINED A SMOOTH JOBSITE?	5	4	3	2	1
• FINISHED JOB IN A TIMELY MANNER	5	4	3	2	1
• HOW MANY SITE VISITS THIS WEEK?	5	4	3	2	1
COMMENTS: _____					

4. PLEASE RATE YOUR **SALESMAN**

	NAME: _____				
		GOOD			POOR
• RETURNED YOUR CALLS PROMPTLY?	5	4	3	2	1
• ANSWERED QUESTIONS/ADDRESSED CONCERNS?	5	4	3	2	1
• POLITE, KNOWLEDGABLE?	5	4	3	2	1
• HOW MANY SITE VISITS THIS WEEK?	5	4	3	2	1
WOULD YOU USE TQP PAINTING, INC IN THE FUTURE?	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	

BY SIGNING THIS DOCUMENT YOU HEREBY ACKNOWLEDGE YOU HAVE SEEN AND EVALUATED ALL THE WORK COMPLETED TO DATE.

Client Signature: [Signature] Print Name: Angela Moschke
 Title: Owner Date: 7/7/2014



"40 YEARS IN BUSINESS"

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