



650 Chase Ave, Elk Grove Village, IL 60007  
phone: 312-451-6364; fax: 325-788-1878

Job Completion Report

Dear Customer,

It has been our greatest honor to provide you with our products and services. We strive to make the experience a positive one. To help us ensure that you are completely satisfied, please take the time to complete the following information.

Registering the job for your warranties also requires this completed form  
(Please Print)

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
E-mail (required): \_\_\_\_\_

ALL WORK CONTRACTED HAS BEEN COMPLETED BY GRANITE LEADERS AND HAS BEEN COMPLETED TO MY FULL SATISFACTION. I HAVE LISTED EXCEPTION, IF ANY.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINAL PAYMENT OF \$ \_\_\_\_\_ BY: \_\_\_\_\_  
CHECK # \_\_\_\_\_  
CREDIT CARD # \_\_\_\_\_  
CASH \_\_\_\_\_

Please fill out the following survey, rating on a scale of 1-10, 10 being the best:

Sales Dept: \_\_\_\_\_ Slab Selection: \_\_\_\_\_ Profile Selection: \_\_\_\_\_  
Fit & Finish: \_\_\_\_\_ Installation: \_\_\_\_\_ Timeliness: \_\_\_\_\_  
Cleanliness: \_\_\_\_\_ Options offered: \_\_\_\_\_ Template: \_\_\_\_\_  
Overall Experience: \_\_\_\_\_

Name: \_\_\_\_\_ DATE: \_\_\_\_\_

MAY WE USE YOUR NAME AS A GRANITE LEADERS SATISFIED CUSTOMER ON OUR REFFERAL LIST? IF YES, PLEASE INITIAL: \_\_\_\_\_