



INSTALLATION CERTIFICATE OF COMPLETION

Please send copy to sofSURFACES at 519.882.2697

Installation Completed By (check one):

sofSURFACES Dealer/Representative

Project Name: _____ Installation Dates: _____

Company Name: _____ Site Address: _____

Customer Name: _____

Customer Address: _____ Date of Completion: _____

Installation Company: _____

City: _____ State/Prov.: _____ Name of Crew Leader: _____
(please print)

Country: _____

Telephone: _____ Ext: _____ Signature: _____

I, the undersigned, hereby confirm that the work carried out by the aforementioned installer is complete and satisfactory.

Customer Signature: _____ Installation Manager: _____

Date of Customer Acceptance: _____

Comments: _____

- Include list of all installation team members on site
- Include photos of before, during, and after installation
- Record any site issues and how they were resolved

INSTALLATION AGREEMENT

I, _____ / _____
Signature Print Name

with _____
Company Name

have read the installation instructions and have installed the duraSOUND tiles under compression as explained in the instructions and compression table. I understand that after the job is completed a measurement will be taken on-site to verify that proper compression was achieved. I further understand that if this floor is not installed correctly by my installers under the specified compression that it will void the customer's Limited Lifetime Warranty, and I or the company I represent shall be liable for any expenses associated with repairing the installation.

This form must be completed and signed by all parties and submitted WITH Installation Warranty form in order to activate the Limited Lifetime Warranty.

