

Name - **James**

Company Name

Email – **Intentionally left blank per customer request**

Phone - **Intentionally left blank per customer request**

Address – **Lakeland, FL**

Please select the products that you purchased. Please check all that apply

Kitchen Cabinets

What was the deciding factor to order your products from our company? Please check

all that apply

Price

Quality

Staff friendliness

Did you receive other quotes? If so how did we compare

56-70% less

How likely will you refer our company to a friend or family member

Very likely

Value of products purchased:

Better than expected

How would you rate your overall company experience?

Excellent

We appreciate you sharing your feedback. For your privacy we will redact your last name, street address, phone and email. If you check the box no redaction necessary we will ONLY provide your information to potential clients who may ask for reference contact.

Please do not display my name, address, email and phone private