

Name: **Mike**

Email: **intentionally left blank per customer request**

Phone number: **intentionally left blank per customer request**

Address **Clearwater FL**

Did we deliver as promised in a timely manner?

YES

What products did you purchase.

KITCHEN CABINETS

BATHROOM VANITIES

GRANITE OR QUARTZ COUNTER TOPS

WINDOWS

DOORS

SIDING

What was your deciding factor to order products from us? Please select all that apply:

PRICE

QUALITY

SELECTION

STAFF FRIENDLINESS

EXPERTISE

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

31-55% 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. If you prefer to have some personal information redacted from sharing please indicate below as it applies:: LAST NAME, PHONE, EMAIL

Feel free to provide additional information that will be helpful to our team and our customers in the future.: