

# TESTIMONIAL FORM

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Approximate Number of visits for repairs or maintenance: \_\_\_\_\_

What is your overall feeling about our company?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe in detail a specific positive experience that you had at our facility.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the one or two benefits that you have gotten from us that you value the most.  
Please be specific.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you very much for your comments and your time. We really appreciate your honest answers.

I do NOT mind if you use my name in any or all of your promotional materials .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date