

JOB COMPLETION FORM

Date _____ Installer _____ Project # _____

Client Name _____

Install Location _____

VEHICLE INFO

Make _____ Model _____ Year _____

VIN# _____

Was vehicle provided in a clean condition? ☐ Yes ☐ No

How much cleaning time _____ (do not include standard prep)

Any other significant paint defects/rust/dents/scratches that may affect the graphics area?

(please take photos if possible!) _____

NOTES

Any Removal? _____

Installation Time _____

Pictures taken? ☐

Installer's Signature _____

CUSTOMER APPROVAL

My signature below indicates that I have checked and approved the graphics/installation for this project and see no errors.

Customer Name _____

Signature _____ Date _____