1589 West Brandon Blvd
Brandon, Fl 33511
(Office) 813-425-5900

Customer Satisfaction Agreement

Form# 0086

Date _____

Customer Name: _____

Customer Phone #: _____

Description of Work

_____

_____

_____

_____

Technicians: _____ _____

_____ _____

*Did Secure2ware representative cause any damage to your property? ☐ Yes ☐ No_____

Please explain _____

* Did a Secure2ware Representative speak with you regarding our Maintenance Contract? ☐ Yes ☐ No_____

** Did a Secure2ware Representative provide you with your User Manuals? ☐ Yes ☐ No_____

Customer Initials _____

*** Did a Secure2ware Representative provide you with basic training on your system? ☐ Yes ☐ No

Customer Initials _____

****Did a Secure2ware Representative provide you with basic training on bill pay online? ☐ Yes ☐ No

Customer Initials _____

****Any cosmetic damages (e.g. paint, spray overlay); the serial number has been removed, defaced or scratched; any modifications or tampering of equipment after installation completion will void manufacturer's warranty. **Customer Initials _____**

****Did a Secure2ware Representative speak with about our Customer Referral Program? ☐ Yes ☐ No_____

I am satisfied with the above described service(s) performed by **Secure2ware, Inc**.

Customer Signature _____

Lead Technician Signature _____