



Attn. Installers: Please give to Government or Client Representative for completion.

Installation Completion Certificate

Customer Name

Installation Location (City, State)

Customer PO #/MW Sales Order #

Project Name/Number

Dealer Name

Customer Acceptance

I hereby agree that on this date the Installation of product has been completed. In accordance with provisions of the Prompt Pay Act, receiving documents have been forwarded as required for payment.

Customer's Name (Printed or Typed)

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Customer's Signature

Date

Phone

Completed forms should be emailed to orders@mergeworks.com

MERGEWORKS™