

Show Me Blinds Installation Services

Client Approval Form

Client Last Name _____ Client First Name _____

Client Address _____

City/State/Zip _____

The installation has been completed to my satisfaction. The installer provided me with the Warranty Card (if applicable).

Client Signature _____ Date _____

Installer Signature _____ Date _____

Please note any additional comments: _____

The installation has not been completed due to the following reasons:

- ☐ Manufacturer Defect (described below)
- ☐ Replacement Parts Needed (listed below)
- ☐ Incorrect Product (described below)
- ☐ Other: _____

Client Signature _____ Date _____

Installer Signature _____ Date _____

Notes/parts needed: _____
