



Tell Us Your Story

Are you happy with your AutoFloors product and installation? Please describe your experience. Why would you recommend AutoFloors to others?

Contact Person:

Date:

Store/Company Name:

Address:

City:

State:

Zip:

Phone:

email:

AutoFloors has my permission <input type="checkbox"/> to publish my comments so that others may benefit from my experience: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
YES	NO