

NIPA ACCREDITATION

PRO FORMA

Accreditation Testimonial

You are being asked by your interior plantscaping contractor to provide a testimonial on their performance, in relation to the product and service they provide to you.

This testimonial will be used in assessment of their NIPA Accreditation Application.

Please complete and return in a sealed envelope to:

**NIPA Accreditation Administrator
PO Box 2232
Toowong
Qld 4066**

Contractor Name: _____

(Please circle Yes or No)

Is the visual appearance of the job satisfactory?	Yes	No
Is the quality of the plants used satisfactory?	Yes	No
Is the servicing carried out regularly and in a professional manner?	Yes	No
If you make a request, is it actioned by a quick response?	Yes	No

Any Comments?

Are you happy to be contacted by NIPA for a verbal reference? Yes No

Company Name: _____

Person who completed this form: _____

Title: _____

Phone: _____