



**MAXgreen JOB COMPLETION FORM**

Customer Name: Tom Murphy  
 Address: 207-1ST-LANGDON  
 Phone #: 403-936-0012  
 Charity of Choice: \_\_\_\_\_

Project Completion Date: JAN-23-14  
 Project Consultant: ADAM  
 Lead Installer: Jim

Any outstanding issues to rectify? No

**Please rate the following on a scale of 1 (poor) to 10 (excellent), or N/A if not applicable**

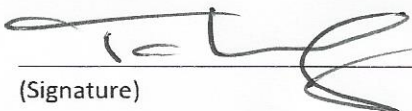
Punctuality of the Consultant	10	Friendliness of the Installers	10
Responsiveness to Your Questions	10	Cleanliness of the Installers	10
Overall Experience with the Consultant	10	Overall Installation Quality	10
Overall Quality of the Windows/Doors	10	Overall Experience with Installers	10
Punctuality of the Installers	10	Overall Satisfaction with MAXgreen	10

Would you recommend MAXgreen to your friends and family?  Yes / No  
 May we share your comments / feedback with other potential customers?  Yes / No  
 May we use your name and phone number as a reference for other customers?  Yes / No  
 If no, may we use only your name and comments for testimonials? Yes / No / N/A

Comments / Feedback JIM AND TEAM CLEANED UP EXCELLENTLY, ACTUALLY LEFT BEDROOM CARPET CLEANER THAN WHEN THEY ARRIVED

(use back of page if more room is required).

Lead Installer:  
 \_\_\_\_\_  
 (Signature)  
Jim  
 \_\_\_\_\_  
 (Print Name)

Homeowner:  
  
 \_\_\_\_\_  
 (Signature)  
Tom Murphy  
 \_\_\_\_\_  
 (Print Name)