



MAXgreen JOB COMPLETION FORM

Customer Name: Gene KOBZAR
 Address: 707 HAWKside Maus P.u.
 Phone #: 403-239-3771
 Charity of Choice: Lump Assoc

Project Completion Date: Oct 16/17
 Project Consultant: SHAWN
 Lead Installer: Jim

Any outstanding issues to rectify? Nil

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

- | | | | |
|--|--------------------------|------------------------------------|--------------------------|
| Punctuality of the Consultant | <input type="checkbox"/> | Friendliness of the Installers | <input type="checkbox"/> |
| Responsiveness to Your Questions | <input type="checkbox"/> | Cleanliness of the Installers | <input type="checkbox"/> |
| Overall Experience with the Consultant | <input type="checkbox"/> | Overall Installation Quality | <input type="checkbox"/> |
| Overall Quality of the Windows/Doors | <input type="checkbox"/> | Overall Experience with Installers | <input type="checkbox"/> |
| Punctuality of the Installers | <input type="checkbox"/> | Overall Satisfaction with MAXgreen | <input type="checkbox"/> |

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 OUTSTANDING JOB IN THE INSTALLATION
OF 4-WINDOWS: EXCELLENT PERFORMANCE
ON THE WINDOWS PROTECT BY THE INSTALLERS.
- WILL RECOMMEND MAX-GREEN TO MY
NEIGHBORS.

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

Lead Installer: [Signature]
 (Signature)
Jim
 (Print Name)

Homeowner: [Signature]
 (Signature)
Gene KOBZAR
 (Print Name)