



MAXgreen JOB COMPLETION FORM

Customer Name: John PARRY

Project Completion Date: Nov. 20-17

Address: 124 LAKE BONA VISTA DR SE

Project Consultant: _____

Phone #: ~~587-575-0263~~

Lead Installer: Yes

Charity of Choice: _____

Supervisor: _____

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
- Responsiveness to Your Questions
- Overall Experience with the Consultant
- Overall Quality of the Windows/Doors
- Punctuality of the Installers

10
10
10
10
10

- Friendliness of the Installers
- Cleanliness of the Installers
- Overall Installation Quality
- Overall Experience with Installers
- Overall Satisfaction with MAXgreen

10
10
10
10
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. If we didn't earn perfect 10s, what could we have done better?

ALL WENT VERY WELL
EXPERT WORKMAN SHIP

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

Supervisor / Lead Installer:

[Signature]
 (Signature)

Nes Nickel
 (Print Name)

Customer / Homeowner:

[Signature]
 (Signature)

John PARRY
 (Print Name)