



MAXgreen JOB COMPLETION FORM

Customer Name: Matt Wlodarczyk
 Address: 1857 48 street NW
 Phone #: 587-432-6118
 Charity of Choice: _____

Project Completion Date: 31/10/2017
 Project Consultant: _____
 Lead Installer: Amkar
 Supervisor: _____

Any outstanding issues to rectify? _____

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

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

Supervisor / Lead Installer:

A. Cudzik
 (Signature)

Amkar
 (Print Name)

Customer / Homeowner:

M. B. Wlodarczyk
 (Signature)

Dan Wlodarczyk
 (Print Name)