



MAXgreen JOB COMPLETION FORM

WINDOWS

Customer Name: KEN LINDMARK Project Completion Date: 8-SEP-17
 Address: 427 WOODBEND AVE SE Project Consultant: GARY
 Phone #: 403 890 9444 Lead Installer: JIM
 Charity of Choice: HABITAT FOR HUMANITY Supervisor: _____
 Any outstanding issues to rectify? NONE

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="text" value="10"/>	Friendliness of the Installers	<input type="text" value="10"/>
Responsiveness to Your Questions	<input type="text" value="10"/>	Cleanliness of the Installers	<input type="text" value="10"/>
Overall Experience with the Consultant	<input type="text" value="10"/>	Overall Installation Quality	<input type="text" value="10"/>
Overall Quality of the Windows/Doors	<input type="text" value="10"/>	Overall Experience with Installers	<input type="text" value="10"/>
Punctuality of the Installers	<input type="text" value="10"/>	Overall Satisfaction with MAXgreen	<input type="text" value="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:

Customer / Homeowner:

 (Signature)

Ken Lindmark
 (Signature)

 (Print Name)

KEN LINDMARK
 (Print Name)

MAXgreen JOB COMPLETION FORM

SIDING + EAVESTROUGHS

Customer Name: Ken Lindmark Project Completion Date: Oct. 4/17
 Address: 427 Woodbend Rd. SE Project Consultant: Garry
 Phone #: 403-890-9444 Lead Installer: Dan
 X Charity of Choice: HABITAT FOR HUMANITY Supervisor: Maurice
 Any outstanding issues to rectify? NONE

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

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

Would you recommend MAXgreen to your friends and family? Yes / No
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 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:
Maurice Guay
 (Signature)
Maurice Guay
 (Print Name)

Customer / Homeowner:
Ken Lindmark
 (Signature)
KEN LINDMARK
 (Print Name)