



MAXgreen JOB COMPLETION FORM

Customer Name: Kevin & Serina Muxlow Project Completion Date: 14/04/2017
 Address: 29 Douglasbank Way SE Project Consultant: _____
 Phone #: 403-388 8784 Lead Installer: Amiran
 Charity of Choice: _____

Any outstanding issues to rectify? _____

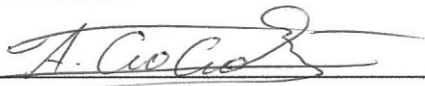
Please rate the following on a scale of 1 (poor) to 10 (excellent), or N/A if not applicable:


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?
Everything was great. Workers were professional,
courteous and polite. They answered all
questions and did a fantastic job.
Very very satisfied.

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

Lead Installer:

 (Signature)
Amiran
 (Print Name)

Homeowner:

 (Signature)
Serina Muxlow
 (Print Name)