



**MAXgreen JOB COMPLETION FORM**

Customer Name: Richardyn Renovations Project Completion Date: Apr. 10/17  
 Address: 1502 Cougar Ridge Dr SW Project Consultant: Amiran  
 Phone #: 403 701 1007 Lead Installer: 10 / April 1, 2017  
 Charity of Choice: \_\_\_\_\_

Any outstanding issues to rectify? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

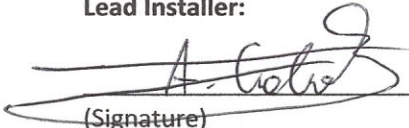
**Please rate the following on a scale of 1 (poor) to 10 (excellent), or N/A if not applicable:**

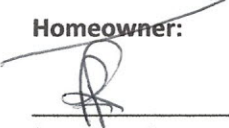
|  |    |                                    |    |
|--|----|------------------------------------|----|
| Punctuality of the Consultant          | 9  | Friendliness of the Installers     | 10 |
| Responsiveness to Your Questions       | 9  | Cleanliness of the Installers      | 10 |
| Overall Experience with the Consultant | 9+ | Overall Installation Quality       | 10 |
| Overall Quality of the Windows/Doors   | 10 | Overall Experience with Installers | 10 |
| Punctuality of the Installers          | 9+ | Overall Satisfaction with MAXgreen | 9+ |

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?**  
EXCELLENT EXPERIENCE, WILL USE AGAIN.  
AWAITING QUOTE FOR NEXT WINDOW INSTALL  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Lead Installer:**  
  
 \_\_\_\_\_  
 (Signature)  
Amiran  
 \_\_\_\_\_  
 (Print Name)

**Homeowner:**  
  
 \_\_\_\_\_  
 (Signature)  
RICK REDLICK  
 \_\_\_\_\_  
 (Print Name)