



### MAXgreen JOB COMPLETION FORM

Customer Name: ANGELA WALTON  
 Address: 60 PRESTWICK EST  
 Phone #: 403 279 0107  
 Charity of Choice: \_\_\_\_\_

Project Completion Date: APRIL 6 '17  
 Project Consultant: \_\_\_\_\_  
 Lead Installer: \_\_\_\_\_

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	10	Friendliness of the Installers	10
Responsiveness to Your Questions	N/A	Cleanliness of the Installers	10
Overall Experience with the Consultant	8	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?**  
GREAT JOB. THANKS

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

**Lead Installer:**  
[Signature]  
 (Signature)  
Wes Nickel  
 (Print Name)

**Homeowner:**  
[Signature]  
 (Signature)  
ANGELA WALTON  
 (Print Name)