



MAXgreen JOB COMPLETION FORM

Customer Name: Alex ARANDA Project Completion Date: 6/02/2017
 Address: 3209 Saddlecrest Way NE Project Consultant: _____
 Phone #: 403 3717345 Lead Installer: Amirah
 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	9	Cleanliness of the Installers	10
Overall Experience with the Consultant	10	Overall Installation Quality	9
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?

Excellent good job

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

Lead Installer:

 (Signature)

 Amirah
 (Print Name)

Homeowner:

 (Signature)

 ALEX ARANDA
 (Print Name)