



MAXgreen JOB COMPLETION FORM

Customer Name: ANGELA ASSOIGNON

Project Completion Date: JULY 27 2016

Address: 2623 LINDSTROM DR SW

Project Consultant: _____

Phone #: 403-695-9859

Lead Installer: _____

Charity of Choice: _____

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

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?

GREAT, PROMPT SERVICE BEGINNING TO END. EVERY ONE WAS FRIENDLY AND RESPECTFUL. THANK YOU!

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

Lead Installer:

Homeowner:

[Signature]
(Signature)

[Signature]
(Signature)

Wes Nickel
(Print Name)

ANGELA ASSOIGNON
(Print Name)