



MAXgreen JOB COMPLETION FORM

Customer Name: Gena Rotstein Project Completion Date: _____
 Address: 918 - 20th Ave. SE Project Consultant: _____
 Phone #: 403-860-7572 Lead Installer: _____
 Charity of Choice: Place2Give Foundation

Any outstanding issues to rectify? You guys are AMAZING! It was a pleasure working with John and getting to know Adam and the company he is building.

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	8	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?

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

Lead Installer:

 (Signature)

 (Print Name)

Homeowner:


 (Signature)

Gena Rotstein

 (Print Name)