



**MAXgreen JOB COMPLETION FORM**

Customer Name: James Grant  
 Address: 79 Templevale Way NE  
 Phone #: 581.352.3037.  
 Charity of Choice: \_\_\_\_\_

Project Completion Date: March 09/16  
 Project Consultant: Jayne M  
 Lead Installer: John Holt

Any outstanding issues to rectify? NONE

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

Punctuality of the Consultant	<input type="text" value="10"/>	Friendliness of the Installers	<input type="text" value="10"/>
Responsiveness to Your Questions	<input type="text" value="10"/>	Cleanliness of the Installers	<input type="text" value="10"/>
Overall Experience with the Consultant	<input type="text" value="10"/>	Overall Installation Quality	<input type="text" value="10"/>
Overall Quality of the Windows/Doors	<input type="text" value="10"/>	Overall Experience with Installers	<input type="text" value="10"/>
Punctuality of the Installers	<input type="text" value="10"/>	Overall Satisfaction with MAXgreen	<input type="text" value="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 Great Job. Will use them again for more work

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

Lead Installer: [Signature]  
 (Signature)  
John Holt  
 (Print Name)

Homeowner: [Signature]  
 (Signature)  
James Grant  
 (Print Name)