



MAXgreen JOB COMPLETION FORM

Customer Name: Kuntz, Shannon
 Address: 56 Riverbireh Pl SE
 Phone #: 403-279-7569
 Charity of Choice: _____

Project Completion Date: Aug/23/2016
 Project Consultant: Derek Belzile
 Lead Installer: Amiran

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	<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. If we didn't earn perfect 10s, what could we have done better?
Very satisfied with the work and communication throughout the project. Thank you!

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

Lead Installer:
[Signature]
 (Signature)
Amiran
 (Print Name)

Homeowner:
[Signature]
 (Signature)
Shannon Kuntz
 (Print Name)