



MAXgreen JOB COMPLETION FORM

Customer Name: Van Vo
 Address: 5108 S Ave SE
 Phone #: (403) 248-3508
 Charity of Choice: _____

Project Completion Date: Oct 04, 2014
 Project Consultant: Adam
 Lead Installer: Jim

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

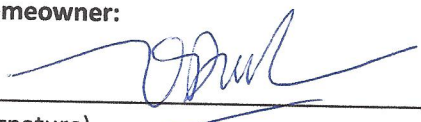
Comments / Feedback Excellent, well done, extremely clean jobsite
High quality product
totally happy with product & professional installation

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

Lead Installer:

 (Signature)

 (Print Name)

Homeowner:


 (Signature)
VAN VO

 (Print Name)