



MAXgreen JOB COMPLETION FORM

Customer Name: DAVE JAITHOO
 Address: 124- Saddletree Ct. NE.
 Phone #: 403- 590- 5834
 Charity of Choice: _____

Project Completion Date: Jan. 20th, 17
 Project Consultant: _____
 Lead Installer: _____

Any outstanding issues to rectify? _____

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

- Punctuality of the Consultant
- Responsiveness to Your Questions
- Overall Experience with the Consultant
- Overall Quality of the Windows/Doors
- Punctuality of the Installers

- Friendliness of the Installers
- Cleanliness of the Installers
- Overall Installation Quality
- Overall Experience with Installers
- Overall Satisfaction with MAXgreen

✓	10
✓	10
✓	10
✓	10
✓	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?

We give glowing recommendation to the installers,
we would recommend them to our friends
and family.

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

Lead Installer:
[Signature]
 (Signature)

Wes Nickel
 (Print Name)

Homeowner:
[Signature]
 (Signature)

Doodpersad Jaithoo
 (Print Name)