

OPTION 3: GreenON Rebates for Heritage Window Restoration Installer Form: Professional Experience

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| GreenON Participating Contractor Name: | |
| GreenON Participating Contractor Address: | |
| Installer Name: | |
| Date: | |
| Email address: | |
| Telephone: | |

INSTRUCTIONS

1. **Professional Experience:**
 Use this form to record the Installer's heritage window restoration experience on three separate projects over the past five years and client references. Please upload a copy of each project invoice documenting the project address and scope of work.

| PROFESSIONAL EXPERIENCE | | | | | | | | | |
|-------------------------|-----------------|-------------|---------------------|--------------|----------------|-----------------|-----------------------------|-----------------|--------------------------------|
| | | | | | | | FOR INTERNAL PURPOSES | | |
| Company Name | Project Address | Client Name | Client Phone Number | Date Started | Date Completed | Your Role/Title | Property Address on Invoice | Date on Invoice | Client confirmation of Invoice |
| | | | | Month/Year | Month/Year | | | | |
| | | | | Month/Year | Month/Year | | | | |
| | | | | Month/Year | Month/Year | | | | |