

## CUSTOMER SATISFACTION SURVEY

We thank you for completing the survey. Your feedback is important to us and helps us to improve our products and service.

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

| Scale ( 1 = Poor 5 = Excellent)         |   |   |   |   |   |
|---|---|---|---|---|---|
| ON TIME DELIVERY                        | 1 | 2 | 3 | 4 | 5 |
| QUALITY AND CONDITION OF RECEIVED GOODS | 1 | 2 | 3 | 4 | 5 |
| CORRECT QUANTITY                        | 1 | 2 | 3 | 4 | 5 |
| COMPETITIVE PRICING                     | 1 | 2 | 3 | 4 | 5 |
| CUSTOMER SERVICE                        | 1 | 2 | 3 | 4 | 5 |

| ADDITIONAL COMMENTS |
|---------------------|
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PLEASE CONTACT US, FAX OR MAIL THE COMPLETED SURVEY TO:

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