



CUSTOMER SURVEY

CUSTOMER NAME	-----
ADDRESS	-----
CONTACT PERSON	-----
CONTACT DETAILS	-----

Please tick as applicable

<p>What was your medium for inquiry?</p> <p><input type="checkbox"/> by Phone</p> <p><input type="checkbox"/> by Fax</p> <p><input type="checkbox"/> by E-mail</p> <p><input type="checkbox"/> Others, specify: _____</p>	<p>How satisfied are you with the Overall Product/Service received?</p> <p><input type="checkbox"/> Very Satisfactory</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Very Poor</p>
<p>How would you rate the Quality of Service with regards to Inquiry handling?</p> <p><input type="checkbox"/> Very Satisfactory</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Very Poor</p>	<p>On a scale of 1-5, 5 being the highest, how would you rate the aspect of the Product/Service received?</p> <p><input type="checkbox"/> Quality of Product</p> <p><input type="checkbox"/> Price</p> <p><input type="checkbox"/> Purchase Experience</p> <p><input type="checkbox"/> Customer Service</p> <p><input type="checkbox"/> Delivery</p>
<p>How satisfied are you with our Delivery Completion Time?</p> <p><input type="checkbox"/> Very Satisfactory</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Very Poor</p>	<p>Would you recommend our Company to your colleagues or contacts within the Industry?</p> <p><input type="checkbox"/> Definitely</p> <p><input type="checkbox"/> Probably</p> <p><input type="checkbox"/> Not Sure</p> <p><input type="checkbox"/> Probably Not</p> <p><input type="checkbox"/> Definitely Not</p>
<p>What would you recommend to improve our Product/Services?</p>	
<p>Remarks</p>	