

CUSTOMER SURVEY FORM - Form 1.1

CUSTOMER COMPANY NAME:

DATE:

CUSTOMER CONTACT:

TITLE:

In our continuing efforts to improve our quality system, we would ask you to complete this Customer Survey Form and return it to us within one work-week of receipt. Your input will assist us significantly in further improving our product quality and responsiveness to your requirements.

PLEASE CHECK THE APPROPRIATE NUMBER:

	Poor		Average		Excellent	
	1	2	3	4	5	
1. OVERALL QUALITY OF PRODUCT ORDERED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. OVERALL QUALITY OF PACKING, PACKAGING AND PRESERVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ON-TIME DELIVERY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. RECORDS PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. RESPONSIVENESS TO SHIPPING SCHEDULES AND CHANGES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PRICING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. INVOICING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. COURTESY OF OUR PERSONNEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. RESPONSIVENESS OF OUR SALES PERSONNEL TO ORDERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. RESPONSIVENESS OF OUR PERSONNEL TO COMPLAINTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WE WOULD APPRECIATE ANY COMMENTS YOU WOULD CARE TO MAKE ELABORATING ON ANY OF THE SURVEY ITEMS LISTED ABOVE OR ON ANY TOPIC YOU MAY FEEL WE HAVE OMITTED.

COMMENTS:

WE WOULD ALSO APPRECIATE ANY SUGGESTIONS YOU MAY CARE TO GIVE US CONCERNING IMPROVEMENTS IN ANY AREA OF OUR BUSINESS WITH YOU. WE VALUE YOUR COMMENTS AND STRIVE TO PROVIDE THE HIGHEST LEVEL OF SERVICE TO OUR CUSTOMERS.

COMMENTS:

NAME:

TITLE:

REVISION LEVEL: E

EFFECTIVE DATE: 09/01/04

APPROVAL: MR