

## 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

PLEASE CONTACT US, FAX OR MAIL THE COMPLETED SURVEY TO:

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