Dear Valued Customer:

<Company Name> works hard to achieve our goal of providing the highest quality products and services to our customers. To this end, we need to hear from you to know how we are doing. The following survey is a way that you, our customer, can help accomplish this. This will allow you to share with us the experience that you have had with <Company Name>’s services and products. If you have additional comments and suggestions, please feel free to use the lines provided on the back of this form to do so. We here at <Company Name> value your opinion very much and look forward to reading your response.

**Our records indicate that on <Date>, <Company Name> installed a <Type of Systems> at <Location>. Is this correct?** (Y) or (N)

**Please rate the following based on how you felt <Company Name> performed:**

**Poor----------------------------------------Excellent**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Quality of our products | 1 | 2 | 3 | 4 | 5 |
| Product choices | 1 | 2 | 3 | 4 | 5 |
| Quality of workmanship | 1 | 2 | 3 | 4 | 5 |
| Courtesy of our employees | 1 | 2 | 3 | 4 | 5 |
| Knowledge of our employees | 1 | 2 | 3 | 4 | 5 |
| Value of service | 1 | 2 | 3 | 4 | 5 |
| Speed of our service | 1 | 2 | 3 | 4 | 5 |
| Your overall impression of our Company | 1 | 2 | 3 | 4 | 5 |

**Product was for?** (Personal Use) or (Business Use)

**Was this your first purchase at <Company Name>?** (Y) or (N)

**Will you continue to work with <Company Name>?** (Y) or (N)

(Continues on back)

**How did you hear about us?**

Phone Book Internet

Publication Referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can we use your comments or suggestions as a reference for other customers?**

(Y) or (N)

**Please describe your overall experience with <Company Name>:**

**Comments and Suggestions:**

**If you have any questions and would like a <Company Name> Representative to contact you on any issue, please leave your telephone number in the space provided:**

Telephone Number: ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Best Time to Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AM) or (PM)

Thank you very much for your time. Please fold and mail this questionnaire in the enclosed business reply envelope.

Cordially,

<Company Name>