

08312015001

LIKE US ON FACEBOOK

FOLDING SHUTTER CORPORATION

CASTLE IMPACT WINDOWS

CUSTOMER COMMENT SURVEY

Thank you for your interest in Folding Shutter Corporation. We appreciate your patronage and would welcome your comments and/or suggestions about our product and the performance of our company. Please put a checkmark in the box of your desired answer.

Thank you!
SUC

How would you rate your experience with our Sales Representative?

| | |
|-----------|-------------------------------------|
| Excellent | <input checked="" type="checkbox"/> |
| Good | <input type="checkbox"/> |
| Fair | <input type="checkbox"/> |
| Poor | <input type="checkbox"/> |

Comment on selection: GAVE FULL EXPLANATION
ALL PHASES OF OPERATION AS WELL AS
PRICING

JG

How would you rate your experience with our Customer Service Representative handling your questions, installation, etc?

| | |
|-----------|-------------------------------------|
| Excellent | <input checked="" type="checkbox"/> |
| Good | <input type="checkbox"/> |
| Fair | <input type="checkbox"/> |
| Poor | <input type="checkbox"/> |

Comment on selection: GOOD - SOME CONFUSION
EASILY CORRECT LEADING TO SUCCESS

Did your technician appear professional and knowledgeable?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

Was all work performed in a professional manner?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

LM

Was the product operation explained?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

Did the technician answer all your questions and/or concerns?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

Was the cleanup after installation satisfactory?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

May we use you as a referral?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

How would you rate your overall experience?

| | |
|-----------|-------------------------------------|
| Excellent | <input checked="" type="checkbox"/> |
| Good | <input type="checkbox"/> |
| Fair | <input type="checkbox"/> |
| Poor | <input type="checkbox"/> |

Comment on selection: PLEASE FEEL
FREE TO USE MY REFERRAL - DIFFICULT
USE YOUR COMPANY FOR FUTURE NEED

SUGGESTIONS:

N/A

We would greatly appreciate your information below should we like to contact you regarding your responses above.

NAME Jim ARRINGTON

ADDRESS _____

CITY GREEN HILLS STATE IL ZIP CODE _____