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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!
Sue

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:
 We have dealt with him before.
 A pleasure & MADE perfect suggestions
 to help us choose color.

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:
 Everything went smoothly-

Did your technician appear professional and knowledgeable?

Yes No

Was all work performed in a professional manner?

Yes No

Was the product operation explained?

Yes No

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

Yes No

Was the cleanup after installation satisfactory?

Yes No

May we use you as a referral?

Yes No

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:

SUGGESTIONS:

I had a small problem, when I called
 the next day someone was out to take
 care of it. THANK YOU Sue

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

NAME Elizabeth Camp
 ADDRESS _____
 CITY Hobe Sound STATE FL ZIP CODE _____