

0413201502W

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:

Keith was very knowledgeable
and understood our requirements

KM

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:

Both Stephanie & Sue were
extremely customer focused and
made the entire process seamless to me

Did your technician appear professional and knowledgeable?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Was all work performed in a professional manner?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Was the product operation explained?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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HM

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

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Was the cleanup after installation satisfactory?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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May we use you as a referral?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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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:

From the initial call to
Gary Knudson to the final calls to
Sue & John I never had any
problems

SUGGESTIONS:

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

NAME Tim Cronin
 ADDRESS _____
 CITY Deerfield Beach STATE FL ZIP CODE _____