

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!
Lee

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: _____

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:
 "I was great to work with and stayed on top of everything!"

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: Adam was wonderful to work with - knowledgeable, professional & reliable!!

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

NAME Lee + Karen Ghezzi
 ADDRESS _____
 CITY Pompano Beach STATE FL ZIP CODE _____