

CUSTOMER COMMENT SURVEY

Thank you!  
See

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.

How would you rate your experience with our Sales Representative?

Excellent	<input checked="" type="checkbox"/>	Comment on selection:	_____
Good	<input type="checkbox"/>		_____
Fair	<input type="checkbox"/>		_____
Poor	<input type="checkbox"/>		_____

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

Excellent	<input checked="" type="checkbox"/>	Comment on selection:	_____
Good	<input type="checkbox"/>		_____
Fair	<input type="checkbox"/>		_____
Poor	<input type="checkbox"/>		_____

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"/>
-----	-------------------------------------	----	--------------------------

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"/>	Comment on selection:	_____
Good	<input type="checkbox"/>		_____
Fair	<input type="checkbox"/>		_____
Poor	<input type="checkbox"/>		_____

*Very pleased with how easily installed and price of product.*

SUGGESTIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

NAME Judy Jackson

ADDRESS \_\_\_\_\_

CITY Port St. Lucie STATE FL ZIP CODE \_\_\_\_\_