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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!  
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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:

You are doing everything right. Can't think of anything that needs improvement. Very pleased

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

NAME Hazel Lee  
 ADDRESS \_\_\_\_\_  
 CITY Lake Worth STATE FL ZIP CODE \_\_\_\_\_