

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

Sue is
The Best
Thank you

SUGGESTIONS:

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

NAME VINCE W. GROSS

ADDRESS _____

CITY _____ STATE FL ZIP CODE _____

N. LAKEWOOD H