

03042015004 ✓

CUSTOMER COMMENT SURVEY

Thank you!
Lue

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"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>

Comment on selection:
DAN CARR IS A GREAT GUY. PLEASURE TO TALK TO. EXPLAINED EVERYTHING.

DCC

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: STEPHANIE WAS EXTREMELY HELPFUL. SHE WENT ABOVE & BEYOND. PROFESSIONAL, POLITE, COURTEOUS & FRIENDLY. I THINK SHE'S DUE FOR A RAISE!!

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"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>

Comment on selection: I'VE USED YOU GUYS TWICE. I'D USE YOU AGAIN IN THE FUTURE. YOU DO GREAT WORK, IN A TIMELY FASHION. THANKS FOR A GREAT JOB!!

SUGGESTIONS:

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

NAME Don Musi

ADDRESS _____

CITY Little Worton STATE FL ZIP CODE _____