

11032015009

LIKE US ON FACEBOOK

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 | <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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Good Job!

SUGGESTIONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

NAME Don Riccardi  
 ADDRESS \_\_\_\_\_  
 CITY Tegvesta STATE FL ZIP CODE \_\_\_\_\_