

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.

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 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: \_\_\_\_\_  
 We can't say enough things GOOD about  
 Folding Shutters Corp.  
 Everyone from Kevin to Henry & Alfredo were  
 most professional & courteous!

SUGGESTIONS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

NAME Gerald & Insha VanAken  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_