



Registered to ISO 9001

CUSTOMER SATISFACTION SURVEY

Company Name: _____

Contact Name: _____

Contact E-Mail Address: _____

Contact Phone Number: _____

Dear Valued Customer,

This form is intended to give us valuable feedback concerning your satisfaction with Moeller. All comments, both positive and negative, are appreciated. Please take a few minutes to complete the form and fax it to us at 248-668-8186, or scan and e-mail it to marketing@moellerpunch.com.

If you have an immediate concern regarding the questionnaire, please contact Evelyn Sherbenou at 248-668-1166 x 157 for assistance. If you have concerns regarding your overall customer satisfaction, please contact a member of Moeller Management team so we can gather information to better service you as our Customer.

	Excellent	Good	Fair	Poor
1. Condition of product when received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Workmanship / Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identification of product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cooperation from Moeller personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Delivery of product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Follow up on Customer concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Quote turn-around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Salesmen knowledge of product, presentation & follow up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Other comments or ideas, so we can better service our Customers.

Signature _____ Title _____ Date _____