



Customer Satisfaction Survey

Customer _____

Project Name/Location/P.O. _____

Salesperson/Team _____

Contact _____

Phone/FAX _____

Internet Mail Address _____

Invitation Sent by _____

Invitation Sent Date _____

Survey Received Date _____

1. Considering all the factors, how would you rate our overall performance?	Poor	Fair	Good	Excellent
2. Would you do business with us again?	Yes	No	Maybe	
3. Would you recommend us to other business associates?	Yes	No	Maybe	
4. Could we use your comments in our literature?	Yes	No	Maybe	

Please rate the following:

	Expectation			
Salesperson (knowledge and skills)	Exceeded	Met	Not Applicable	Failed
Design Services (met functional and creative expectations)	Exceeded	Met	Not Applicable	Failed
Order Process (clear, concise, and timely)	Exceeded	Met	Not Applicable	Failed
Customer Service (responsive, polite, and informative)	Exceeded	Met	Not Applicable	Failed
Product (quality, functionality, and appearance)	Exceeded	Met	Not Applicable	Failed
Scheduling (well communicated, and on time)	Exceeded	Met	Not Applicable	Failed
Delivery (on time)	Exceeded	Met	Not Applicable	Failed
Installation (complete, accurate, and professional)	Exceeded	Met	Not Applicable	Failed
Follow-up Service (as requested, timely, and complete)	Exceeded	Met	Not Applicable	Failed
Accounting Service (order and invoice clear, timely, and correct)	Exceeded	Met	Not Applicable	Failed

Would you like to learn more about our refurb services? We can make your furniture look new again.

Are you interested in having a complete ergonomic assessment of your work environment performed?

Comments (Please share your thoughts regarding our performance.)