

PLEASE REPLY WITHIN ONE (1) WEEK UPON RECEIPT

CUSTOMER:	DATE OF SURVEY:
ADDRESS:	FAX NUMBER :
CONTACT PERSON:	TEL. NUMBER :
DESIGNATION :	EMAIL ADDRESS :

As part of our continued commitment of meeting superior levels of customer satisfaction with our business partners we are regularly evaluating our sales and service level and associated processes. We request you to fill out this form and return this to us. This will help us evaluate and improve our performance in providing best products and services. Please check your level of satisfaction against each criterion.

Please fax your feedback to fax number. 44419604 44602919

SURVEY SENT BY:	DEPT.
<input type="text"/>	<input type="text"/>
	POSITION:
	<input type="text"/>

CRITERIA	RATING (1 TO 5 points)				
	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
<u>A. Delivery Time</u> 1- Meeting on-time delivery of products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Reason:					
<u>B. Documentation</u> 1- Accuracy of information against the delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2- Availability of needed documents (Test Certificates, Certificate of Analysis, Certificate Of Conformance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Reason:					
<u>C. Quality of Products/ Services</u> 1- Meet customer requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2- Proper handling of products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3- Technical support provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Reason:					
<u>D. Communication & Response</u> 1- Customer service contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2- Circulation of information and updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3- Quotation handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Reason:					
<u>E. Price vs. Quality</u> 1- Competitive price offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Reason:					
<u>F. Customer care and After Sales service</u> 1- Handling of feedbacks, immediate response to customer concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Reason:					

* NOTE: Only in case of Poor or Fair rating, please specify the reason.

CONTROLLED DOCUMENT

Customer Signature & Stamp

MR-F14-04