



CUSTOMER SATISFACTION SURVEY

Rep:	Account Number:
Date:	Account Name:
Phone Number: Fax Number:	Contact:
As part of our quality related procedures we would like you to answer five questions.	
1. On our recent delivery Origin No. _____ Your Purchase Order No. _____ did we supply you with the correct goods to your order? Yes/No*	
Comments:	
2. Was the product quality to your requirements? Yes/No*	
Comments:	
3. Was the presentation and packing of your goods satisfactory? Yes/No*	
Comments:	
4. Were the goods delivered on time and in good condition? Yes/No* Was the carrier courteous? Yes/No*	
Comments:	
5. Is there any product you are currently using not in our catalogue but which we could supply you with? Yes/No*	
If yes, please provide details.	

* Delete as applicable

PLEASE RETURN THIS DOCUMENT BY FAX TO CHERYL THOMPSON ON 01621 829735