



Customer Satisfaction Survey—Your Opinion Counts!

The main objective of the Certified Aquascape Contractor Program is to provide outstanding customer service. Aquascape, Inc., the manufacturer of your pond equipment, is interested in hearing from you. Below is a questionnaire that will be used to evaluate the performance of a contractor who is either applying to become a Certified Aquascape Contractor or maintaining their certification. We ask that you please answer the questions below regarding your experiences with the contractor that installed your water feature.

Contractor's Company Name/Phone #: _____

Contractor's Address/City/State/Zip Code: _____

Contractors First and Last Name: _____

Customers Name/Phone # _____

City, State & Zip: _____

Date of installation: _____

Type of Water Feature Installed: Pond Pondless® Fountainscape RainXchange™ System Other _____

Which of the following applies to your water feature installation?

New water feature Addition to pre-existing water feature Complete re-do to previous water feature Maintenance work

What percentage of the installation were Aquascape water feature components? 100% 75% 50% less than 50% I'm not sure

How did you hear about your contractor?

Aquascape Find a Contractor Locator Referral Google Search Garden Show Retail Store Local Garden Center
 Magazine/Newspaper article Facebook Other Social media Site Other _____

***What was the contractors' level of professionalism?**

Excellent Above Average Average Below Average Poor

***How well did the contractor communicate with you throughout the project?**

Excellent Above Average Average Below Average Poor

***What was the quality of work performed by the contractor and crew members?**

Excellent Above Average Average Below Average Poor

***What did you feel was the contractors level of installation experience with water features?**

Excellent Above Average Average Below Average Poor

***What was the contractors overall knowledge of the water feature system in your installation and did they explain it properly to you?**

Excellent Above Average Average Below Average Poor

***Did your contractor explain the basic components and maintenance associated with your water feature?** Yes No

***Would you recommend this contractor to a family or friend?**

Yes No (If No, please explain) _____

Thank you for taking the time to complete this customer service questionnaire. If you have any questions or concerns please contact the CAC Program Coordinator at cac@aquascapeinc.com. Please return questionnaire to the applying contractor or mail or fax to: Aquascape, Inc., Attn: CAC Program, 901 Aqualand Way, St. Charles, IL 60174 Fax: (630) 659-2753

Aquascape, Inc. office use only:

*Rated scoring for overall customer service: 1)(____) 2)(____) 3)(____) 4)(____) 5)(____) Total: _____ (5 points total possible)

Macs# _____ Date Points recorded in CAC File: _____/_____/_____/Notes: _____

This Survey was applied to: New CAC Application _____ Current CAC recertification points _____