

## **Customer Feedback Form**

Please send completed form back via:

Email: admin@qtech.co.nz

Fax: 03 365 2815

Customer:								
Contact Person:								
Address:								
Phone:	Mobile:							
Email:								
Product Purchased:	Date:							
Installed by:								
Required Application:								
Proposed Solution:								
Customer Satisfaction:	How satisfied a	are you with t	he foll	owing?				
Value	□ Extremely	□ Very		Average		Somewhat		Not very
Installation & First Use	☐ Extremely	□ Very		Average		Somewhat		Not very
Overall Quality	☐ Extremely	□ Very		Average		Somewhat		Not very
Overall Satisfaction	☐ Extremely	□ Very		Average		Somewhat		Not very
How likely are you to recommend this product to others?								
Additional Comments:								
We value your feedback and suggestions, please let us know how our product(s) are working for you.								
Occasionally we like to publish customer feedback on product features, newsletters, our website or								
twitter. Please let us know if you are happy for us to use your comments in this manner. Thank you.								
☐ Yes, please use my comments ☐ Yes, please use my comments anonymously ☐ Please don't								
☐ Please contact me about doing a client profile on our business and our application for QTech Products.								