



APPROVED FIRE PROTECTION CO. INC.

CONSULTANTS / DISTRIBUTORS

CUSTOMER SERVICE SURVEY

Approved Fire Protection has been the leader in fire safety sales and service for over 80 years. Our customers are the best resource that we can use to evaluate the quality of our products and services. To help us improve our quality of service to you, we ask that you take a few moments to complete this survey. Once completed, please return it to contactus@afpnj.com or fax to 908-769-1424 (Attn: Customer Service Team). To show our gratitude, your completed survey will be entered into a quarterly drawing to win a 50.00 Visa Gift Card.

Please complete and return this form via fax or email.

Company Name: _____ Contact: _____

Phone: _____ Fax: _____ Email: _____

Description of work performed: _____

Please rate us on the following aspects of our company by checking the appropriate box, Please check N/A if not applicable. Thank You!

<u>Office Staff</u>	Poor*	Fair*	Good	Excellent	N/A
Manner call was answered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On hold time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call routing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sales</u>					
Timely response to your call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salesperson's product knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness & ability to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative products offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deadlines met (product delivery/quotes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Service</u>					
Response to initial call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician's attitude/appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely completion of work/deadlines met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you rated any aspects of this survey "poor" or "fair", please explain: _____

Additional Information:

Have you ever reported these comments? _____ If so, whom did you speak with? _____

Who is your salesman? _____ How long have you been dealing with us? _____

Would you recommend Approved Fire to others? _____

Additional Comments: _____

Thank you again for taking the time to complete this survey!

Customer Service Team

Our Vision: To be a leader in industrial and commercial fire protection & safety.