

Customer Satisfaction Survey



Date:

Customer Name:

Address:

County:

Post Code:

Respondent's Name:

Position:

Phone:

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Please list current products / services we've provided:

How can we improve the delivery of the products / services we provide you?

What are your impressions of the products / services we provide you?

How do you perceive us with respect to our competitors?

What is your perception of the pricing for the products / services we provide you?

In what ways should we improve our products / services, our marketing, or our delivery to you?

How can we improve the quality of the products / services we provide you?

Any thoughts you'd like to share with our organization on how we can serve you better: