

CUSTOMER SATISFACTION SURVEY

Company Name : Date : Account Manager :

Please rate your satisfaction level with each of the following statements.

1 = Needs Improvement

2 = Satisfactory

3 = Good

4 = Very Good

5 = Excellent

Please rate the service you received:

	1	2	3	4	5
1. Product Meeting Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ordering Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Visual Condition of Material at Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. On-time Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Axenic-UV Representative's Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions, if any

Name & Signature of the
Company Representative