

Customer Survey Form

Important To You:	1 - Low	2	3	4	5 - High
Product Quality					
Customer Service					
Value					
On Time Delivery					
Sales Representative					
Product Innovation					
Problem Resolution					
Response Time					
Communication					
How Do You Rate Us:	1 - Low	2	3	4	5 - High
Product Quality					
Customer Service					
Value					
On Time Delivery					
Sales Representative					
Product Innovation					
Problem Resolution					
Response Time					
			_		
Communication					
Communication Overall Satisfaction:	1 - Low	2	3	4	5 - High
	1 - Low	2 ○	3 ()	4	5 - High
Overall Satisfaction:	1 - Low Worse		3 O Better	4	5 - High
Overall Satisfaction: Satisfaction Please Rate Us As Compared To				4	5 - High
Overall Satisfaction: Satisfaction Please Rate Us As Compared To Your Top Supplier:				4	5 - High
Overall Satisfaction: Satisfaction Please Rate Us As Compared To Your Top Supplier: Product Quality				4	5 - High

Your Details

Customer Name

Completed By

Please save this PDF Customer Survey Form, attach to an email and send to customerservices@felters.com