

# CUSTOMER SATISFACTION SURVEY



Name: .....

Company/Address: .....

Phone Number: .....

**For each item listed below, click the box that best describes your feedback based on a scale of Poor to Excellent.**

Description/Identification of Survey Item	Poor	Good	Excellent
1. How often do you use Industrial Plastics?			
2. How do you rate your finished order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How do you rate the turn around time on your order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. What was the level of personalized service offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability and attitude of our representatives to your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Who was the salesperson who looked after your order?			
7. Friendliness and attitude of our staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. General feeling that you are valued as a customer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you recommend our service to others?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
10. Have you ever visited our website <b>www.industrialplastics.com.au?</b>	YES <input type="checkbox"/>		NO <input type="checkbox"/>
11. Compared to other providers how would you rate the overall level of service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Would you be willing to let us use your comments and project as a case study on our website?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
With Photos of your job?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
13. Would you be willing to leave a Google review about your experience?	YES <input type="checkbox"/>		NO <input type="checkbox"/>

## CUSTOMER COMMENTS:

(e.g. Are there areas of supply & service that would help or be of interest to yourself or business)