

CUSTOMER FEEDBACK FORM

CUSTOMER INFORMATION

Company Name

Address

Contact Person

Title

Phone Number

Email ID

PRODUCT INFORMATION

Part Number

Product Description

Quantity

End Use

Project Details

FEEDBACK

- | | Excellent | Good | Fair | Poor |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 How would you rate the quality of our products ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 How was the pre sales support in terms of product selection and specs guidance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did our products add value to the project? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 How was our packaging and delivery? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did we meet your quality expectations? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 6 Would you recommend our products to others? | | | | |
| <input type="checkbox"/> Yes Definitely <input type="checkbox"/> Maybe <input type="checkbox"/> Very Unlikely <input type="checkbox"/> Not, at all | | | | |
| 7 Please share your comments and recommendations | | | | |