



Title		
<b>Customer Satisfaction Survey</b>		
Standard	Effective Date:	Pages
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Rating Comments:  
(Please Rate on a Scale of 1 to 10, 10 equals the Best Rating)  
Survey Design Focus and Remarks:  
Customer Services

### Your Company Info

Contact Name:

Company Name & Address:

Date:

### Questionnaire

- 1) Rate your experience with our Sales Personnel. Were we prompt, professional, & courteous?
- 2) Rate your experience with the receipt of your order. Was your order correct as ordered?
- 3) Rate your experience with On-Time Delivery. Did you receive the product on-time as expected?
- 4) Rate your impression of the quality of the product ordered.
- 5) Rate your impression of the value received for the product ordered.
- 6) Rate your experience with our packaging and intact delivery condition.
- 7) Rate your experience with our product documentation.
- 8) Rate your experience with our Customer Service Representative. Were our personnel prompt, professional, and courteous?
- 9) Rate your over-all experience with doing business with us.
- 10) How likely are you to recommend us to other for the products and experience that you have received?

Please add below any comments or suggestions that you would want to include with this survey?

### Document Information

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