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## CUSTOMER SATISFACTION SURVEY

CUSTOMER NAME:

CONTACT:

1. How satisfied were you with our services?

<input type="checkbox"/>	Very satisfied
<input type="checkbox"/>	Satisfied
<input type="checkbox"/>	Neither satisfied or dissatisfied
<input type="checkbox"/>	Dissatisfied
<input type="checkbox"/>	Very dissatisfied

2. What was your most positive experience?

3. What areas could we improve the most?

4. In the following areas, how did our services compare with your expectations?

1. Delivery Time	<input type="checkbox"/> Exceeded expectations	<input type="checkbox"/> Met expectations	<input type="checkbox"/> Below expectations
2. Order Accuracy	<input type="checkbox"/> Exceeded expectations	<input type="checkbox"/> Met expectations	<input type="checkbox"/> Below expectations
3. Service Performance	<input type="checkbox"/> Exceeded expectations	<input type="checkbox"/> Met expectations	<input type="checkbox"/> Below expectations
4. Customer Service	<input type="checkbox"/> Exceeded expectations	<input type="checkbox"/> Met expectations	<input type="checkbox"/> Below expectations
5. Calibration Report	<input type="checkbox"/> Exceeded expectations	<input type="checkbox"/> Met expectations	<input type="checkbox"/> Below expectations
6. Design	<input type="checkbox"/> Exceeded expectations	<input type="checkbox"/> Met expectations	<input type="checkbox"/> Below expectations
7. Cost	<input type="checkbox"/> Exceeded expectations	<input type="checkbox"/> Met expectations	<input type="checkbox"/> Below expectations

5. Do you have any final comments?