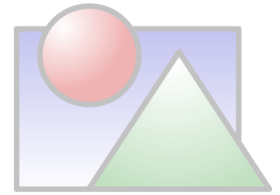


Customer Satisfaction Survey



Any Company Inc.
123 Any Ave
Any Town, State
Any Country
Any ZIP/Postal Code
Phone: 111-222-3333
Fax: 111-222-4444
www.example.com

Date:

Customer Name:

Address:

State/Province:

Zip/Postal Code:

Respondent's

Name:

Position:

Phone:

Please list current products / services we've provided:

How can we improve the delivery of the products / services we provide you?

What are your impressions of the products / services we provide you?

How do you perceive us with respect to our competitors?

What is your perception of the pricing for the products / services we provide you?

In what ways should we improve our products / services, our marketing, or our delivery to you?

How can we improve the quality of the products / services we provide you?

Any thoughts you'd like to share with our organization on how we can serve you better: