**FEEDBACK FORM**

**Customer Name:-**

**Bill No:-**

**Mobile No:-**

**Email Id:-**

1. **How did you know about EYE FORTE EXCLUSIVE?**

**Social Media Advertisements Persons Contact Others**

1. **Are you satisfied from EYE FORTE PRODUCTS?**

**Very satisfied Satisfied Good Not Good**

1. **Are you satisfied with our precise Eye Check-Up in EYE FORTE EXCLUSIVE?**

**Very satisfied Satisfied Good Not Good**

1. **Are you satisfied from our employee services?**

**Very satisfied Satisfied Good Not Good**

1. **Did we meet your expectations?**

**Yes No**

1. **How likely are you to repeat your business with us?**

**Every time Twice Once Not at all**

1. **Was it easy to find what you were looking for?**

**Yes NO**

1. **Did we have the selection you were looking for?**

**Yes No**

1. **Did you feel comfortable shopping with us?**

**Yes No**

1. **Were we able to satisfy your need?**

**Yes No**

1. **Based on your experience, how likely are you to recommend EYE FORTE to your friends?**

**Once Twice Everytime**

1. **What do you like most about EYE FORTE EXCLUSIVE?**

**Comments:-**

1. **Any suggestion or recommendations?**

**Comments:-**

**Thank you so much for your review, we will take care better in your next visit.**