

## CUSTOMER SATISFACTION SURVEY

Customer:
Location:
Name:
Date:

For each item identified below, circle the number to the right that best fits your judgment of its quality. Use the scale above to select the quality number.

Description/Identification of Survey Item	Scale				
	P o o r	Good			E x c e l l e n t
1. I was satisfied with Mechanical Rubber's Sales staff level of communication.	1	2	3	4	5
2. I was satisfied with the response time to my Request for Quotation.	1	2	3	4	5
3. I was satisfied with the technical quality of the services provided.	1	2	3	4	5
4. I was satisfied with the transition from the sales process to the delivery of my products.	1	2	3	4	5
5. I found Mechanical Rubber staff very involved in the delivery of my products.	1	2	3	4	5
6. I believe questions about the status of my product were handled properly.	1	2	3	4	5
7. I was satisfied with quality of documents provided for the products.	1	2	3	4	5
8. I believe the value of the products exceeds the cost to my company.	1	2	3	4	5
9. I was satisfied with the invoicing / payment process.	1	2	3	4	5
10. The products provided met my expectations.	1	2	3	4	5
11. I would recommend Mechanical Rubber to others.	1	2	3	4	5
12. I am willing to provide a reference for other companies interested in Mechanical Rubber's products and services.	1	2	3	4	5

13. What did you like the most about the products and/or services provided?

14. How can Mechanical Rubber improve the services provided?

15. Would you like someone from Mechanical Rubber contact you regarding your satisfaction / dissatisfaction with the products and/or services provided?

**When complete, please fax to 845-986-0399 or email to [alisas@mechanicalrubber.com](mailto:alisas@mechanicalrubber.com)**  
 Mechanical Rubber thanks you for being a valued customer and for completing this survey!