

# CUSTOMER FEEDBACK FORM

Please fill out this short customer feedback form so we can ensure top quality service to all of our customers.

EMAIL optional	NAME optional	DATE

## OVERALL CUSTOMER EXPERIENCE

Provide a rating by placing an "X" in the corresponding box.

	VERY GOOD	GOOD	FAIR	POOR	VERY POOR
How would you rate your overall customer experience?					
How satisfied were you with the services?					
How satisfied were you with customer support?					
How satisfied were you with the timeliness of delivery?					
Would you recommend our product or service to others?					

Please provide any additional comments or suggestions.