



Customer Feedback

COMPANY NAME:	CUSTOMER NUMBER:	CONTACT PERSON:
ADDRESS:	PHONE NUMBER:	
	FAX NUMBER:	
	EMAIL:	
QUESTIONS	RESPONSE	
A. How would you rate the <i>quality</i> of our product?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	
B. How would you rate our <i>Customer Service Department</i> ?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	
C. How would you rate our <i>Sales Team/Department</i> ?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	
D. How would you rate our <i>Shipping Department's</i> accuracy?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	
E. How would you rate our <i>Accounting Department</i> .?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	
F. How would you compare our <i>fulfillment/availability</i> with our competitors?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	
G. Compared to other <u>USA</u> made product, how would you rate our pricing?	<input type="checkbox"/> Always Lowest <input type="checkbox"/> Very Competitive <input type="checkbox"/> Competitive <input type="checkbox"/> Rarely Competitive <input type="checkbox"/> Never Competitive	
H. How do you rate our product offering?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	
I. How would you rate your overall level of satisfaction?	<input type="checkbox"/> Extremely Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Extremely Dissatisfied	
J. Which of the following non HP, OEM manufacturer's cartridges do you typically need most and do not have a source?	<input type="checkbox"/> Brother <input type="checkbox"/> Dell <input type="checkbox"/> Lexmark <input type="checkbox"/> Konica/Minolta <input type="checkbox"/> Okidata <input type="checkbox"/> Samsung <input type="checkbox"/> Xerox <input type="checkbox"/> Other	
Please list any specific models:		
K. Invoice & Credit Memo correspondence preference: <input type="checkbox"/> USPS <input type="checkbox"/> E-MAIL - If you choose e-mail, we will stop mailing you a hard copy invoice. please provide us with your AP personnel's e-mail address:		
L. Shipping preference: <input type="checkbox"/> UPS <input type="checkbox"/> FED-EX <input type="checkbox"/> ONTRAC <input type="checkbox"/> no preference		
M. Please give us your testimonial or add a comment on how we can improve? Your comments and suggestions are appreciated:		
<small>*Unless requested otherwise, testimonials may be used in our marketing materials using first name, last initial only. No company names will be divulged. Thank you.</small>		