



Thru Continuous Improvements efforts and our Overall Quality Management System we feel it is important for us to get feedback from our customer's on their experience in doing business with us.

Using a scale from 1 to 10 with 1 being dissatisfied and 10 being extremely satisfied please answer the questions openly and honestly using our rating system. We welcome comments in the space provided below.

Customer:	Date:
Contact:	Dept:

1 Satisfaction 10

Criteria for Satisfaction

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10
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- Request for quote response time
- Explanation of what is being quoted
- Engineering / Overall design capabilities
- Knowledge of Products / Innovative ideas
- Design Quality / Reliability
- Build Quality / Quality of workmanship
- Delivery / Expectations met
- Quality Department / Overall capabilities
- Accuracy of Measurements / Technical knowledge
- Overall Satisfaction with the Company / Employees

Thank you for taking the time to fill this out for us. We will use this information to better understand our customers' needs as we constantly work to provide them with a supplier they are proud of and happy to work with.

Richard A. Willin

President – Qualitex, Inc.

Office Use Only:		
Total Score _____	80 – 100	No Follow Up Required With Customer
	60 – 80	C.A.R. Issued Internally to Address Concerns
	0 – 60	C.A.R. Issued Internally / Customer Meeting
Office Mgr: _____	Date: _____	