



Customer Survey

Dear Sir,

We would like to know your comments and feedback regarding the products and service quality. This is very useful information in our strive to meet your demands and expectations. Please rate the performance as you see fit best.

➤ **Client Information**

Establishment Name	
Address	
Phone	
E-mail	
Contact Person	
Title	
Signature (<i>electronic</i>)	

➤ **Project Department** :.....

➤ **For how long you are using TAB ? From**

➤ **Evaluation (1 Very Poor – 5 Excellent)**

	Evaluation items	1 (very poor)	2 (poor)	3 (moderate)	4 (good)	5 (excellent)
1	Quality of service					
2	Capabilities of company representative					
3	Delivery [in time and according to plan]					
4	Report , data delivered					
5	The price					
6	Fast response					

➤ **Comments**

If you have any comments, please share it with us to help us offering more value to your operation

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Thank You for Your Time and Co-operation

All the information used in this form will be used within TAB ONLY and will be treated as CONFIDENTIAL Information. Please fill and sent this survey to attention of quality manager.