

Customer Satisfaction Form

Dear Partner(s),

We care, about your satisfaction and continually improving our products and services.

Please tick each applicable aspect.

No	Element	Evaluation										Notes	
		1	2	3	4	5	6	7	8	9	10		
1	Product Quality / as per Agreement												
2	Product Quantity / as per Agreement												
3	Service Quality												
4	Customer Documentation												
5	Delivery time / as per Agreement												
6	Communication Ease												
7	Response in case of Sudden Requirements												

1: Very bad, 10: Excellent

Any other suggestions:

Assessment done by Client

Company Name:

Representative's Name:

Position:

Date: