

MTL

Customer Satisfaction Survey Rev. 0

Instructions: Please fill out the form below and fax it back to 1 951 270 0245 or email to sales@mtldistribution.com.

Customer Name: _____
Customer Fax: _____

Contact Name: _____
Date: _____

Survey Question		Rating		
		Excellent(3)	Good(2)	Needs Improvement(1)
1	Are you satisfied with our services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	How would you rate our level of quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	How would you rate our level of customer service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you feel we adequately respond to and correct any problems or issues that may arise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	How would you rate our overall performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: