



Customer: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

## Customer Satisfaction Survey

Please answer the following questions to enable us to serve you better!

Use a rating of 0 to 100%

*Please select one rating for each category.*

\*On Time Delivery \_\_\_\_\_

\*Product Quality \_\_\_\_\_

Cost Competitive \_\_\_\_\_

Responsiveness \_\_\_\_\_

Communication \_\_\_\_\_

\*Please complete these two items as a minimum.

General Comments:

Products you would like to see added to our line:

Thank you for taking a moment to provide this valuable feedback! Greenray values your input to help provide better service to you. If you have any specific concerns you would like to discuss with us, please contact us at the number below.

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