

**CUSTOMER SATISFACTION SURVEY**

*We would appreciate receiving your comments*

*(Optional)*

Company Name:	Order No.:
Your Name:	Phone No.:
Your Email Address:	

For each item identified below, check the number box to the right that best fits your level of satisfaction.  
Use the scale below to select your satisfaction level.

How would you rate your experience with the following?	Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<b>SALES DEPARTMENT</b>				
1. Were they knowledgeable and responsiveness to your requests?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>ORDER ENTRY/CUSTOMER SERVICE</b>				
2. Were they knowledgeable, courteous and responsiveness to your requests?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>ENGINEERING</b>				
3. Was your product configured correctly to your requirements?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>SHIPPING</b>				
4. How satisfied are you with the manner in which your order was packaged?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>DELIVERY</b>				
5. How satisfied are you that your product(s) were in accordance with your purchase order requirements?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>QUALITY</b>				
6. How satisfied are you with the quality of your product and / or service?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>COMMUNICATIONS</b>				
7. Were you notified of any changes to your order, or were you able to communicate changes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

*In an effort to continually improve our products and services; please, explain any responses below a "3"*

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*Thank you for taking the time to complete this survey. We appreciate your business and look forward to serving you in the future.*

Please fax this back to **Grundfos CBS Inc.**, QA Department: 281-994-2801

This survey is also available on-line @ [www.pacopumps.com/Marketing/PacoCustomerSurvey.asp](http://www.pacopumps.com/Marketing/PacoCustomerSurvey.asp)

Form: CSS051310