



Customer Satisfaction Questionnaire

Company Name: _____

Address: _____

Tel.: _____ Fax.: _____

Email: _____

	Excellent	Very Good	Fair	Poor	N/A
Overall Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Product Value & Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Product Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer Service Responsiveness & Correspondence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Web Site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

May we contact you regarding your survey answers? _____

Suggestions for improvement: _____

Completed by: _____

Date: _____

Please send reply to: brenda@noeltech.com

Or mail to: Noel Technologies
1510-C Dell Avenue
Campbell, CA 95008