

Customer Survey – 20\_\_\_\_

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| **Customer Name**:  |   |

Please fill out the following information to ensure our records are up-to-date.

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| --- | --- | --- | --- |
| **Primary Contact Name:**  |   | **Contact Title:**  |   |
| **Phone** **Number**:  |   | **Fax Number:**  |   |
| **Email Address:**  |   |

*Thank you for your business over the past year. Please take a moment to give us your feedback regarding our performance. Feedback from our customers is a critical element of our quality program and a valuable tool to drive our improvement efforts.*

*We thank you in advance for your time!*

*Our Best,*

*Western Bronze, Inc.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | **Poor**  | **-**  | **-**  | **-**  | **-**  | **Excellent**  |
| **On Time Delivery**  | 0  | 20  | 40  | 60  | 80  | 100  |
| **Quality**  | 0  | 20  | 40  | 60  | 80  | 100  |
| **Pricing**  | 0  | 20  | 40  | 60  | 80  | 100  |
| **Response to your Discrepancies**  | 0  | 20  | 40  | 60  | 80  | 100  |
| **Customer Support (as required)**  | 0  | 20  | 40  | 60  | 80  | 100  |
| **How are we compared to our competition?**  | 0  | 20  | 40  | 60  | 80  | 100  |

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| Additional Comments  |
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