

Feedback Form

NAME: _____	COMPANY: _____
ADDRESS: _____	CITY: _____
STATE / PROVINCE: _____	CONTACT (PH. / EMAIL): _____

YOUR FEEDBACK IS IMPORTANT TO US. LET US SERVE YOU BETTER BY ANSWERING THIS SHORT SURVEY.
PLEASE WRITE THE FIRST LETTER OF YOUR RATING IN THE BOXES BELOW.

E Excellent **G** Good **F** Fair **B** Bad

Product Selections

Comment: _____

Commissions

Comment: _____

Product Quality

Comment: _____

Literature / Catalogs

Comment: _____

Customer Service

Comment: _____

Rate Our Staff

Comment: _____

Shipping

Comment: _____

Quotations

Comment: _____

Telephone

Comment: _____

Technical Information

Comment: _____

Return Goods Application

Comment: _____

Website

Comment: _____

PLEASE WRITE ANY COMMENTS OR SUGGESTIONS IN THE SPACE BELOW.
