



CUSTOMER SATISFACTION SURVEY

Your Company _____ Date _____

Your Name _____

Business Type User OEM Sales Rep Distributor Other

For each category, please indicate the level to which we satisfy your needs
5 = excellent, 4 = very good, 3 = average, 2 = poor, 1 = unacceptable

Product Quality

On Time Delivery

Meeting quoted lead time

Tech Support

General Responsiveness

Web site

other - specify

Extranet

other - specify

Literature

other - specify

Comments: _____

Please return to: Sales@mtecorp.com or Fax to 1.262.253.8222

Total score