

## Customer Feedback Questionnaire

**Delta Job #:**

**Company:**

**Contact:**

OFFICE USE ONLY

Please rate Delta on the following:

<i>Sales:</i>	(Poor)	(Good)	(Excellent)		
<i>Representative</i> .....	1	2 3 4 5		NA	
<i>Quotation</i> .....	1	2 3 4 5		NA	
<i>Design</i> .....	1	2 3 4 5		NA	
<i>Project Coordinator:</i>					
<i>Project Management</i> .....	1	2 3 4 5		NA	
<i>Communication</i> .....	1	2 3 4 5		NA	
<i>Engineering</i> .....	1	2 3 4 5		NA	
<i>Delivery</i> .....	1	2 3 4 5		NA	
<i>Service</i> .....	1	2 3 4 5		NA	
<i>Training:</i>					
<i>at Delta</i> .....	1	2 3 4 5		NA	
<i>at Install Location</i> .....	1	2 3 4 5		NA	
<i>User/Maintenance Manual</i> .....	1	2 3 4 5		NA	
<i>Equipment:</i>					
<i>Appearance</i> .....	1	2 3 4 5		NA	
<i>Performance</i> .....	1	2 3 4 5		NA	

COMMENTS

Date Received

Why did you choose to purchase from Delta?  Quality  Flexibility  Price  Service  Other \_\_\_\_\_

If / when you purchase from us again, how could we improve?

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