

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?

QLT-4510 J