

CUSTOMER SATISFACTION SURVEY

| | |
|----------------|----------------------------|
| Customer Name: | Date: |
| Contact Name: | SCS Job No.: |
| Phone: | Type of Service Purchased: |
| Email: | Customer PO No.: |

| Rating | 5 | 4 | 3 | 2 | 1 | N/A |
|---|-----------|-----------|------|-------|------|-----|
| <i>Place an "X" in the appropriate Field.</i> | Excellent | Very Good | Good | Fair | Poor | N/A |
| Customer Services | | | | | | |
| Courteous/Helpfulness | | | | | | |
| Pricing | | | | | | |
| Certificate Information | | | | | | |
| Quality of Calibration | | | | | | |
| Quality of Repair | | | | | | |
| Quality of IMTE Sold | | | | | | |
| On-time Delivery | | | | | | |
| Packaging/Shipping | | | | | | |
| Overall Experience | | | | | | |
| How can we serve you better in the future? | | | | | | |
| Would you recommend Southwest Calibration Service, Inc. to anyone else? | | | | | | |
| General Comments: | | | | | | |
| Completed By: | | | | Date: | | |