



CUSTOMER FEEDBACK FORM

DOC. NO.: STC/4/001
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Company Profile:

Date:

Company Name: _____

Contact Person: _____ Contact Number: _____

Designation: _____ Department: _____

Signature : _____ Company Stamp: _____

Please fill in the appropriate column to represent your views about our performance.

1. From how long are you doing business with us?

First time more than six months more than a year

2. Which kind of product do you often send us for testing?

Yarn Cotton Fabric Others

If others please explain: _____

3. Have we regularly met our commitment with respect to?

Quality of Result	Yes	<input type="checkbox"/>	Often	<input type="checkbox"/>	No	<input type="checkbox"/>
On Time Delivery	Yes	<input type="checkbox"/>	Often	<input type="checkbox"/>	No	<input type="checkbox"/>
Customer Service	Yes	<input type="checkbox"/>	Often	<input type="checkbox"/>	No	<input type="checkbox"/>

4. Are our Marketing / Sales Personnel enjoying prompt reply to your inquires?

Always Some Time Doesn't Reply

5. Your Remarks / Which kind of advancement do you want to see in our Services:

Information provided by: _____ Date : _____

**Thank you for taking some moments to give us your feed back.
Please return to QM (S.R.Laboratories)**