

**CUSTOMERS EVALUATION FORM**

CUSTOMER NAME (OPTIONAL) .....

ADDRESS ..... TEL:(                    ) FAX:(                    )

E-MAIL:.....

PRESENTED SERVICE .....

DATE:    /    /

**DEAR CUSOMER...**

**THANK YOU FOR THE CONFIDANCE WHICH YOU GIVE US TO FINISH THIS GREAT JOB , AND TO SERVE YOU IN A BETTER WAY AND AS YOUR EXPECTATIONS , GIVE US A FEW MINUTES , AND PLEASE FILL THIS EVALUATION CHECKLIST BY SELECT THE FIT CRITERIA , AND THANK YOU A LOT.**

QUESTION	VERY AGREE	AGREE	N.A	DON'T AGREE	VERY DON'T AGREE
HOW IS THE SERVICE PRESENTATION SPEED					
HOW IS THE SPECIALIST ENGINEER SERVICE FOLLOWING UP					
HOW MUCH THE REQUESTED TESTS INFORMATIONS CLEARANCE IS					
THE FINAL REPORT IS OUT OF ANY ERRORS					
THE TECHNICAL INFORMATIONS IS CLEAR AND OUT OF ERRORS					
REPORT DELIVARY IS ON TIME					
HOW MUCH THE PRESENTED SERVICE IS CLOSE TO YOUR EXPECTATIONS					
HOW MUCH THE DEPARTMENT COORPORATION AFTER THE SERVICE					
HOW MUCH THE EMPLOYEE COORPORATION WITH CUSTOMER					
ARE THE TESTS PRICES FIT WITH THE PRESENTED SERVICE					
TOTAL RESULT					

**IN YOUR OPINION , HOW CAN US SERVE YOU IN A BETTER WAY?**

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