

	Modulo	MO 09.03	
	SURVEY ON CUSTOMER SATISFACTION	Rev. 0 Data 01.01.07	Pagina 1 di 1

Company Name:

Name of Person in charge:

Position :

Tel.

Fax:

E-mail:

As part of our Quality Management System, aimed at continuous improvement of products and services, please fill out this questionnaire.

The judgments expressed by you will be processed by our organization in order to verify the level of satisfaction of our customers.

Thanking you for your valuable assistance, we remain at your disposal for any clarification you may need.

Sincerely,

Fischer & Rechsteiner Company spa

1	Correctness and timeliness of offers	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Insufficient	<input type="checkbox"/>
2	Correctness and legibility of documentation	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Insufficient	<input type="checkbox"/>
3	Terms and Conditions	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Insufficient	<input type="checkbox"/>
4	Management of any changes to the order	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Insufficient	<input type="checkbox"/>
5	Availability and courtesy of the staff	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Insufficient	<input type="checkbox"/>
6	Timeliness in troubleshooting	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Insufficient	<input type="checkbox"/>
7	Technical capacity to meet the needs	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Insufficient	<input type="checkbox"/>
8	Quality of products / services	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Insufficient	<input type="checkbox"/>
9	On time delivery	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Insufficient	<input type="checkbox"/>
10	After-sales service	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Insufficient	<input type="checkbox"/>
Any comments / suggestions:									

Date, Stamp and Signature of Client

Direct answers to:

Quality Manager Fischer & Rechsteiner Company spa

e-mail info@ferfreight.com