

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?

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