Add to Cart

Date

Please ass	sist us to achieve our goal by completing and return
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Thank you for your support,	
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CUSTOMER PERCEPTION SURVEY

(Your Co name)

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Completed By:						
Please rate the following items from 0 to 10 ($0 = \text{Bad}$ and $10 = \text{Excellent}$)						
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Thanks again for your support
Please Fax the completed survey to: (Your Name and Fax#)

Form Rev: Orig

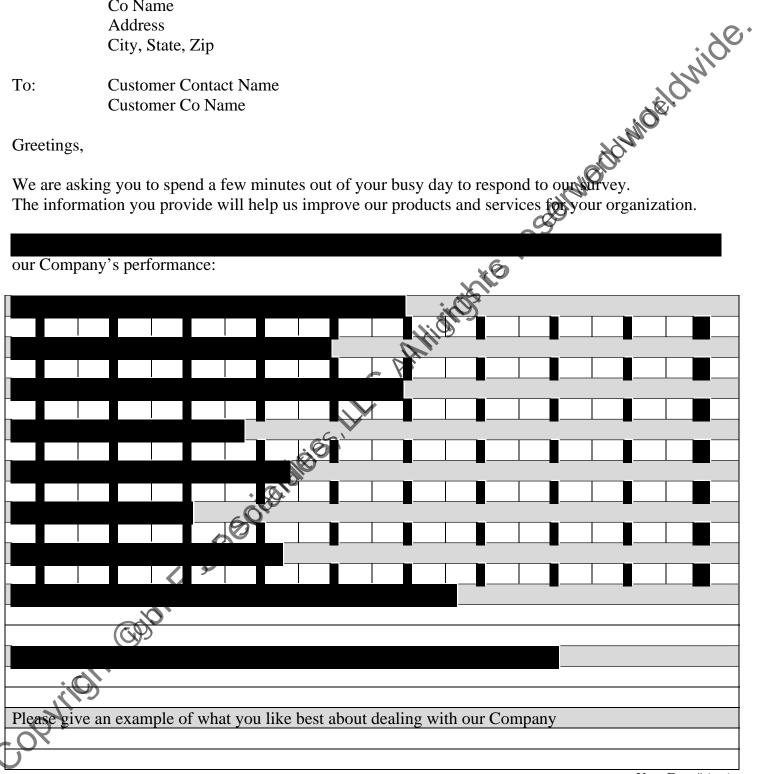
CUSTOMER SATISFACTION SURVEY

Your Logo

From: Name

Title

Co Name



Your Form# (rev)

Thank you for your participation in our survey - please fax your response to: (Your Contact Name) (Your Fax Number) (Your Email Address) (Phone Number)