

Customer Satisfaction Form

We would like your input regarding your recent experience with us. Now that we have finished this project for you, can you give us a personal assessment on how you feel things went? This survey will take less than a minute and we appreciate your feedback

Please print and fill out this form. Then fax to **248-987-6401**.

Name *

Company

Phone Number

E-Mail Address *

Which members of our FLEXi team did you work with?

- Marvin Weisenthal Jennifer Hill Russell Jeannie Hauser

From one (poor) to ten (excellent), how do you feel about the products you received?

- 1-Poor 2 3 4 5 6 7 8 9 10-Excellent

From one (poor) to ten (excellent), how do you feel about the service you received?

- 1-Poor 2 3 4 5 6 7 8 9 10-Excellent

From one (poor) to ten (excellent), how do you feel about the creative input you received?

- 1-Poor 2 3 4 5 6 7 8 9 10-Excellent

From one (poor) to ten (excellent), how do you feel about the timeliness of our communication?

- 1-Poor 2 3 4 5 6 7 8 9 10-Excellent

From one (poor) to ten (excellent), how do you feel our team met or exceeded your expectations?

- 1-Poor 2 3 4 5 6 7 8 9 10-Excellent

From one (poor) to ten (excellent), how do you feel we met your manager's expectations?

- 1-Poor 2 3 4 5 6 7 8 9 10-Excellent

Based on your experience, will you work with us in the future?

How would you like to see us improve?

Notes? Questions? Additional Feedback?