



Customer Satisfaction Survey

In order to improve the level of quality and service offered to our customers, we are asking for your assistance in evaluating our past performance. Please complete and return this brief customer satisfaction survey so that we can work towards providing consistently better service in the future. Thank You.

Please check each of the services provided by Faxon Machining within the past 12 months

- | | | | | |
|--------------------------------------|-------------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Gundrilling | <input type="checkbox"/> Trepanning | <input type="checkbox"/> Turning | <input type="checkbox"/> Milling | <input type="checkbox"/> Honing |
| <input type="checkbox"/> Grinding | <input type="checkbox"/> Wire-EDM | <input type="checkbox"/> Welding | <input type="checkbox"/> Assembly | <input type="checkbox"/> Other |

<i>Please indicate your level of satisfaction from 1-5, with 5 being extremely satisfied and 1 being not at all satisfied.</i>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Initial contact and/or other Communications ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quotation was accurate and provided in a timely manner ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pricing / Value for services requested and received ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of products and/or services received ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expectations were met in regards to On-Time Delivery ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service personnel were responsive to our needs ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate Technical Support was provided when necessary ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any Problem(s) were resolved promptly and satisfactorily ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Paperwork was received as expected ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shipping and Receiving facilities were adequate ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction in doing business with Faxon Machining ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What service(s) or procedure(s) would you like to see improved? _____

Comments _____

Would you recommend Faxon Machining to others? Yes No

Comment _____

Has any Faxon Employee(s) been especially helpful? _____

Comments _____

Please write any additional comments and/or suggestions: _____

Company Name: _____ Date: _____

Person Completing Survey: _____ Title: _____

Thank you for your assistance in helping us to provide better service to our customers.

Please return completed survey form to Faxon Machining using the envelope provided.