

CUSTOMER SURVEY FORM

| | | | |
|----------------------------|--|------------------|--|
| CUSTOMER/ COMPANY : | | DATE : | |
| CONTACT PERSON : | | TEL NO. : | |
| PERIOD COVERED : | | FAX NO. : | |

BETAFOAM CORPORATION is a customer-oriented company. Our objective is to provide our customers with quality products/ service. We believe that through your feedback, on a monthly basis, we will be able to direct our attention to those areas which need improvement.

Please rate each of the evaluation factors on the scale of 1-5

SATISFACTION SCALE

4-5 - HIGH EXPECTATION

- Performance in this area exceeds what is normally expected and experienced

3 - AVERAGE EXPECTATION

- Meets all the requirements and conforms to minimal standards

1-2 - BELOW EXPECTATION

- Although some areas are acceptable, there are significant shortcomings.

| ITEM NO. | EVALUATION FACTOR | EVALUATION RATING |
|-------------------------|---|-------------------|
| 1 | SALES | |
| | A. Sales call/frequency of visit/ after sales service | |
| | B. Product Knowledge | |
| | C. Accessibility | |
| 2 | CUSTOMER SERVICE | |
| | A. Telephone Courtesy | |
| | B. Adept handling of complaints/concern | |
| | C. Schedule delivery as required | |
| 3 | PRODUCT QUALITY DEVELOPMENT | |
| | A. Product Development | |
| | B. Quality of product delivered | |
| | C. Product Price | |
| 4 | DELIVERY SERVICE | |
| | A. On time, correct and accurate delivery of goods | |
| | B. Handling of customer complaints | |
| | C. Complete and accurate delivery documents | |
| | D. Personality of deliverymen | |
| OVER- ALL RATING | | |

REMARKS (If you rated any areas of our performances (4-5) or low (1-2), please share your viewpoint with us)

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|---|---|
| Rated by : _____ Signature over printed name/ Date | Acknowledge by : _____ Signature over printed name/ Date |
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