



CUSTOMER SATISFACTION FORM

1 – SUPPLIER CARE

CS02.021113	Data:	Prot.
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Dear Customer,

thank you very much for having preferred Vibrostop products.

May we have your attention in order to improve the quality of our service, asking you to fax back this form filled – signing is not requested.

We deem essential your opinion and your criticism, because You had a direct experience of our service. We will analyze carefully your advice and use it to improve our overall efficiency, and set our targets to real world requirements.

2 – CUSTOMER CARE

Please fill the form checking the “importance” column how much you rate the issue, and in the “satisfaction” column how much you rate our service, where 1 is the lowest rating, and 5 the highest. After you have completed this table, please proceed with the questions following.

Importance					Issue	Satisfaction				
1	2	3	4	5		1	2	3	4	5
					Effective isolation from vibrations					
					Quality of workmanship					
					Long Mean Time To Failure (MTTF)					
					Price					
					On Time Delivery					
					Delivery Lead Time of one week or less					
					Delivery Lead Time of two weeks or less					
					Delivery Lead Time of three weeks or less					

Questions	Yes	No	Don't know
Would you recommend our product or service to others?			
Have you already tried other suppliers' products or services?			
If you did, which is their winning issue?	<input type="checkbox"/> Marketing <input type="checkbox"/> Technical Know-how <input type="checkbox"/> Price		
In which area did you notice an improvement in our products or service?	<input type="checkbox"/> Marketing <input type="checkbox"/> Technical Know-how <input type="checkbox"/> Price		
Would you like us to do ... ?	<input type="checkbox"/> Acoustic measures <input type="checkbox"/> Installation of mounts		

Customer since (year)	Name and Signature (not required)

PLEASE FAX TO +39-02-4895.3807