

CUSTOMER SATISFACTION SURVEY

Name:

Company/Address:

Phone Number:

For each item listed below, click the box that best describes your feedback based on a scale of Poor to Excellent.

Description/Identification of Survey Item		Poor	Good	Excellent
1	How often do you login or change content in Signbox?			
2	How do you rate our service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	How do you rate the capabilities of Signbox?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	How do you rate the support offered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	How do you rate the ability and attitude of our staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	What was the level of personalised service offered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Who was the salesperson who looked after your account?			
8	How do you rate the friendliness and attitude of our staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	General feeling that you are valued as a customer	Yes <input type="radio"/>	No <input type="radio"/>	
10	Would you recommend our service to others?	Yes <input type="radio"/>	No <input type="radio"/>	
11	Have you ever visited our website www.signbox.tv?	Yes <input type="radio"/>	No <input type="radio"/>	
12	Compared to other providers how would you rate the overall level of service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Would you be willing to let us use your comments and project as a case study on our website?	Yes <input type="radio"/>	No <input type="radio"/>	
	With photos of your venue?	Yes <input type="radio"/>	No <input type="radio"/>	
14	Would you be willing to leave a Google review about your experience?	Yes <input type="radio"/>	No <input type="radio"/>	
Customer comments (e.g. Are there areas that would help or be of interest to yourself or business)				