



24960 Ave. Tibbitts, Valencia, CA 91355 (661) 295-1295 FAX (661) 295-0813

This questionnaire is intended to provide Cicoil with a brief overview of your satisfaction with Cicoil Products and/or Services in conformance to AS9100/2000. **Please print this form and fax when complete to (661) 295-0813**

CUSTOMER FEEDBACK FORM

Company _____
Address _____
Customer Representative _____ Date: _____ Title _____
Phone Number:(____) _____ Email: _____
P.O. Number in Question: _____

Please Place Check in The Appropriate Box:

Item	Excellent	Good	Fair	Unacceptable
Response to Initial Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering/Technical Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Time Product Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you purchase Cicoil products in the future?

Very Likely	Likely	Undecided	Not Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please take a moment and list your comments about your experience with Cicoil Personnel and Cicoil Products: _____

Form Completed By: _____ Date: _____

Title _____ Reports To: _____