



CUSTOMER SATISFACTION ASSESSMENT SURVEY

Dear Valued Tek Transportation, Inc. Customer.

As part of our quality management system requirements and in an effort to continually improve our services, we are asking you to participate in our customer satisfaction survey. Your response is extremely valuable and essential for us to maintain a high level of quality customer service. Please fill out this short survey and fax to (586) 465-4140. Thank you for your time and we appreciate your business.

CONTACT INFORMATION

Company Name:

Contact Person:

Address:

Phone Number:

E-mail Address:

1. How would you rate our delivery time with your order?

5 (Excellent) 4 (Very Good) 3 (Good)
 2 (Poor) 1 (Very Poor)

3. How would you rate the helpfulness and courtesousness of the staff with assisting you with your order?

5 (Excellent) 4 (Very Good) 3 (Good)
 2 (Poor) 1 (Very Poor)

2. Did our service meet your expectations?

5 (Excellent) 4 (Very Good) 3 (Good)
 2 (Poor) 1 (Very Poor)

4. How would you rate your overall satisfaction with our services?

5 (Excellent) 4 (Very Good) 3 (Good)
 2 (Poor) 1 (Very Poor)

Are there any other suggestions or comments that you feel would be valuable?

INTERNAL USE

Received Date:

Follow up Required: Yes No