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Customer Survey

Customer Name:
Customer Address 1:
Customer Address 2:
Customer Address 3:
Attention:

Date:

At Avid Controls we understand the importance of meeting customer's needs and expectations. In line with this, it is very important to us to get Customer Feedback on our services. Please help us improve our services by filling out this survey form.

Please rate the following criteria on a scale of 1 to 5:
1-Unsatisfied; 2- Fair; 3-Satisfactory; 4- Very Satisfactory; 5- Exceptional

1. In dealing with our Sales Department how would you rate their knowledge of the products and services we provide?

(N/A) (1) (2) (3) (4) (5)

2. How would you rate the turnaround time of your orders?

(N/A) (1) (2) (3) (4) (5)

3. How would you rate the quality of the work received?

(N/A) (1) (2) (3) (4) (5)

4. Orders are received with all required documentation.

(N/A) (1) (2) (3) (4) (5)

5. How would you gauge our on-time delivery?

(N/A) (1) (2) (3) (4) (5)

6. If you have a customer complaint about a product or service how would you rate the handling of the situation?

(N/A) (1) (2) (3) (4) (5)

7. What is your overall satisfaction level with Avid Controls?

(N/A) (1) (2) (3) (4) (5)

If you have any comments or questions please include below:

Completed by: _____ Title: _____ Date: _____