



### Customer Satisfaction Questionnaire

The Purpose of this questionnaire is to communicate with customers and record the level of satisfaction after a sweeper has been delivered. Please fax or send completed form to ATTN: Quality Manager, Mobile Products, 401 Capacity Drive, Longview, TX 75604. FAX (903)-759-3209 or email to [jeff.allen@capacitytexas.com](mailto:jeff.allen@capacitytexas.com) Use the following rating scale for the questions below:

Excellent - 5    Very Good - 4    Good - 3    Fair - 2    Poor - 1    Not Applicable - N/A

A.	Product Features	5	4	3	2	1	N/A
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Did LayMor offer the products and features you required for your application? Yes or No  
Comment: \_\_\_\_\_

B.	Product Availability	5	4	3	2	1	N/A
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Was LayMor able to deliver in a timeframe that met your requirements? Yes or No  
Comment: \_\_\_\_\_

C.	Price/Value	5	4	3	2	1	N/A
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Do you feel that the LayMor products represent a good value in the market? Yes or No  
Comment: \_\_\_\_\_

D.	Product Quality	5	4	3	2	1	N/A
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Is there anything LayMor can do to improve the quality of its products? \_\_\_\_\_  
\_\_\_\_\_

E.	Customer Service	5	4	3	2	1	N/A
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Are we meeting your expectations for customer service? Yes or No. If no, Please explain how we can improve in this area. \_\_\_\_\_  
\_\_\_\_\_

F.	Relationship w/LayMor	5	4	3	2	1	N/A
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Have you purchased LayMor products in the past? How have those experiences compared with your latest purchase? What is the likelihood that you will purchase from LayMor for your future requirements?  
\_\_\_\_\_  
\_\_\_\_\_

Which category above is most important to you?      A    B    C    D    E    F

Do you have any additional comments? \_\_\_\_\_

Customer: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Quote/Serial Number: \_\_\_\_\_