

PLEASE TAKE A MOMENT TO ANSWER OUR CUSTOMER SATISFACTION SURVEY.  
**YOUR FEEDBACK IS VERY IMPORTANT TO US.**

Please send back this survey by fax to: 450-437-1930 or by email to: info@fireflex.com.

## ■ CLIENT IDENTIFICATION

PROJECT: \_\_\_\_\_ TYPE OF SYSTEM INSTALLED: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
CITY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ TEL.: \_\_\_\_\_

## ■ 1. HOW SATISFIED ARE YOU IN THE FOLLOWING AREA?

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Meet the Specs / Project Requirements					
System(s) Quality					
Delivery Lead Time					
Customer Service					
Provided Documents					
FireFlex Website					

## ■ 2. OVERALL, HOW SATISFIED ARE YOU?

Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
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## ■ 3. SUGGESTED IMPROVEMENTS / ADDITIONAL COMMENTS

COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_