## **Customer Satisfaction Survey**



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Company Name:	
Address:	
State/Province:	
Zip/Postal Code:	

Date:

Respondent's	
Name:	
Position:	
Phone:	

Please list current services we've provided you:	How can we improve the delivery of the services we provided you?
What are your impressions of the services we provided you?	How do you perceive us with respect to our competitors?
What is your perception of the pricing for the services we provided you?	In what ways should we improve our products / services, our marketing, or our delivery to you?
How can we improve the quality of the services we provided you?	Any thoughts you'd like to share with our organization on how we can serve you better: