

DISTRIBUTOR FEEDBACK AND COMMENT SHEET

Date:

ORDER #:

Distributor Name:

Salesperson:

We make every effort at JR Metal to ensure your experience with our company is a pleasant one. Please let us know how we can improve our process to assist you in your ordering cycle. (Please circle 1-5 as it applies, 5 being the best.)

- | | | | | | |
|--|---|-----|---|----|---|
| a. How would you rate the quoting process? | 1 | 2 | 3 | 4 | 5 |
| Comments- | | | | | |
| b. How was our communication with you? | 1 | 2 | 3 | 4 | 5 |
| Comments- | | | | | |
| c. How was the quality of our product? | 1 | 2 | 3 | 4 | 5 |
| Comments- | | | | | |
| d. How was our packaging of your order? | 1 | 2 | 3 | 4 | 5 |
| Comments- | | | | | |
| e. How was the delivery of your materials? | 1 | 2 | 3 | 4 | 5 |
| Comments- | | | | | |
| f. Do you read the acknowledgement sent? | | Yes | | No | |
| Comments- | | | | | |
| g. Was everything on your order correct? | | Yes | | No | |
| Comments- | | | | | |
| h. Did we meet or exceed your production expectations? | | Yes | | No | |

Thank you for taking the time to fill out this survey. We value your feedback.

Please contact Chuck Duncan for assistance: chuckd@jrmetalframes.com