

# *Customer Satisfaction Survey*

Co. Name (optional) \_\_\_\_\_ Date of Service: \_\_\_\_

Equipment Serviced: \_\_\_\_\_

Technician: \_\_\_\_\_

	Excellent	Good	Fair	Poor
Courtesy and Helpfulness of Service Dispatcher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy of the Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expertise of Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Appearance of Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
User Adjustments Suggested by Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician Made You Feel Like a Valued Customer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Performance after the Service Call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend Southern Business Machines, Inc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**Customer Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like more information on (Circle all that apply): Postage Meters/Mailing Machines, Multi-Function Copiers and Printers, Folder-Inserters, Addressing Machines, Mail-List Software, Shredders, Checksigners, Letter Openers, Bursters, Tabbers-Labelers, Heavy Equipment Furniture/Tables, Toners, Envelopes,

Other: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**YOUR SURVEY CAN BE RETURNED BY**

**Fax: (812) 475-9598 Email: [Jennifer@sbm-inc.com](mailto:Jennifer@sbm-inc.com)**

**Mail: SBM, Inc. 2040 Division Street, Evansville, IN 47711**