

Customer Satisfaction Survey

	<u>Excellent</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Specification Compliance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Data:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packaging / Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales Support:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who do you recommend to receive the Optimax Quarterly e-Newsletter?

Company Name	Name	E-mail Address
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Company Name	Name	E-mail Address
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Comments:

Company: _____

Signature: _____