

# Feedback



Date

Please complete the following fields and press "Submit".

## My details are

Name	Should you wish to comment on our services provided or any other aspect of our business or website, please complete the short survey.			
mpany	We ł	le have listed the features that we think are most		
Idress Town County	important factors for ensuring good customer service. Using the key below, please score the number that most accurately reflects to you the Importance and your Satisfaction with each feature. There is a space below to add any others you feel are needed.			
t Code				
Email	4	Excellent		
phone	3	Acceptable		
Fax	2	Disappointing		
Mobile	1	Poor		

## **Customer Satisfaction Survey**

Product or Service Feature	What do you <i>want</i> us to achieve for you?	What do we <i>actually</i> achieve for you?
Quotation Response time / competitiveness		
On time delivery – When you want it?		
Packaging & labelling – General standard?		
Product Quality – Fit for purpose?		
Communication – Are you kept updated etc?		
Flexibility & attitude – In your dealings with our staff?		

### How could our product or service be improved.

Please list any additional feature of our product or service that is important to you but is not listed above?

If you prefer not to receive marketing communications please tick the box.

Importance

### Consent

Your data will be used by Hone-All Precision Ltd, and may be used for research and analysis purposes and to advise you of services and special promotions undertaken by Hone-All Precision Limited. You may ask us for details of the personal data that we hold on you and your company and can require us to correct it if appropriate.

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Satisfaction