

# CUSTOMER SURVEY

Thank you for taking the time to complete our customer satisfaction survey. So that we may better serve you and your company, we want to hear from you about your experience with Micro Analytical Laboratories, Inc. This survey should only take a couple of minutes to complete.

## Customer Information

Fields marked with an asterisk (\*) are required.

\*Name:  Title:

\*Company:

Street Address:

City, State, Zip:  Country:

\*E-mail:  Phone Number:

## Survey Questions

Please answer each question as completely as possible. Thank you.

### 1. How would you rate Micro Analytical Laboratories?

(5 = Excellent, 1 = Poor)

	5	4	3	2	1	N/A
Quality of Work/Technical Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Turnaround Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 2. Are there services you may need that we are not currently providing?

Yes  No

If yes, please explain:

### 3. If there were any problems or issues, did we correct them promptly to your satisfaction?

Yes  No  Not Applicable

If no, we did not, please explain:

### 4. What percentage of your business do we have now?

100%  75%  50%  25%  0%

### 5. What would it take to earn additional business from your company?

### 6. Would you recommend us to a colleague or another company?

Very Likely  Likely  Unlikely  Very Unlikely

### 7. Other Comments?