



## Customer Feedback Survey

(Please tick the appropriate boxes)

**1. How would you rate our customer service?**

- Very Good/Excellent
- Good
- Poor
- Very Poor

**2. How would you rate our quality of work?**

- Very Good/Excellent
- Good
- Poor
- Very Poor

**3. Were you satisfied with the cost of our products?**

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied

**4. Were you satisfied with work being done on schedule?**

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied

**5. How likely are you to use our company again?**

- Likely
- Neutral
- Not Likely

**6. How likely are you to recommend us to others?**

- Likely
- Neutral
- Not Likely

**7. How would you rate the product knowledge of our staff?**

- Excellent
- Fair
- Poor
- Very Poor

**8. Are there any other ways we can serve you better?**

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**9. Further comments:**

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**Your details (optional)**

Name(or Company): \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_



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