



Customer Satisfaction Survey

Please help us in our continuous improvement process by completing this survey form.

Name _____	Company _____
Address _____	_____
Tel: _____	Fax: _____
e-mail address: _____	Web site address: _____

(Please amend any incorrect address details (including telephone, fax, e-mail and URL details))

	EXCELLENT 5	4	3	2	POOR 1
Quality of Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Value for money	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Speed of response to your initial enquiry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attitude of ASAP staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ease of getting through to the right person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access to technical experts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Collection/delivery service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current turnaround times	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Condition of equipment on return. (Clean and correctly labelled)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you recommend us to others?

Have you any suggestions on how we can improve our service?

Yes	No
Yes	No

Comments:

Please fax back to Mrs Lesley Cain on 01794 523 910