



2 Emery Avenue, Randolph, New Jersey 07869 USA

Tel: (973) 361-5700 Fax: (973) 361-5722

Email: sales@gtmicrowave.com Web: www.gtmicrowave.com

Customer Satisfaction Survey

Customer	Purchase Order #	Part Number(s)	Quantity	Date Shipped

We take pride in providing quality products and exceptional customer service. Your input on our processes is integral to our advancement. At your earliest convenience, we would greatly appreciate your feedback on our team's performance for the purchase order listed below. Additional comments on your experience are encouraged and can be provided at the bottom of this survey. Any information submitted will be confidential and utilized strictly for our ISO required performance assessment as well as aid in supporting our efforts to achieve continued success.

1. Are you a first-time or returning customer?	<input type="checkbox"/> First-Time	<input type="checkbox"/> Returning	
2. Have you ordered these parts from GT Microwave before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3. Was your quotation submitted in a timely fashion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
4. When you received your quotation, were all of your questions answered?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
5. Was the quotation accurate in reference to part number, quantity and specifications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
6. Did you receive a follow-up from our staff or an appointed local representative?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
7. If you required forms to be completed prior to order placement, were they completed accurately?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
8. Were the forms returned in a timely fashion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
9. Upon order placement, did you receive a confirmation with a delivery date in a timely fashion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
10. If you requested an expedite, did our staff aid in meeting your deadline?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
11. If your deadline could not be met, did you receive a satisfactory explanation as to why?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
12. If you sent a status request, did you receive a satisfactory response in a timely fashion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
13. Was your order shipped on or before the promised delivery date?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
14. Was all the proper paperwork included with your shipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
15. Was the included paperwork accurate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
16. Has/Have the unit(s) passed your incoming inspection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
17. If the unit(s) failed incoming inspection, was our staff helpful through the returns process?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
18. Were all terms on your Purchase Order fulfilled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

OVERALL (4 = Outstanding, 3 = Above Average, 2 = Satisfied, 1 = Unsatisfied)				
1. How would you rate the service you received?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. How would you rate the product(s) you received?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. As a whole, how would you rate your experience with G.T. Microwave?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. How likely are you to buy from us again?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

COMMENTS: