

FPSsm-New Orleans

(504) 466-8003
FAX (504) 469-9922

FPSsm-HOUSTON

(713) 924-9600
FAX (713) 923-6272

FPSsm-Corpus Christi

(361) 289-9102
FAX (361) 289-1421

CUSTOMER COMMENT/FEEDBACK FORM

Recently purchases of products/services were made from FPS. We are very interested to know if our products/services fulfilled your expectations. To assist in improvement of our services, please complete this survey and return to the technician or to the Quality Control Office by fax: **+1-713-924-9651** or e-mail **FPSQC@fps-usa.com**

Date: _____
Your Name: _____ **Position:** _____
Company Name: _____ **Customer #:** _____
Company Address _____
Telephone #: _____ **Fax #:** _____ **E-Mail:** _____

Type of service: <input type="checkbox"/> Industrial Inspection/Service <input type="checkbox"/> Marine Inspection/Service <input type="checkbox"/> Raft Inspection/Service <input type="checkbox"/> New Installation <input type="checkbox"/> Sale of Rafts/Safety Equip.	Location where services rendered: <input type="checkbox"/> Houston <input type="checkbox"/> New Orleans <input type="checkbox"/> Corpus Christi Other: _____	Sales Order # _____ Sales # _____ Attending Technicians: _____
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Instructions: Please rate each item below. Check the number that best represents your interactions and your feelings.	Poor	Average	Above Average	Excellent
Relative ease of ordering products/services				
Customer service staff knowledge about products/services				
Customer service staff courteous				
Information on delivery or inspection schedule				
Delivery or arrival time as promised				
Products protected from damage during shipment				
Documentation of delivery or completion of service				
Required directions/instructions provided at time of delivery				
Services/products meeting requirements				
Problems or issues addressed promptly by FPS staff				
Chance of purchasing FPS products/services again				
Chance of recommending FPS products/services to others				

Additional comments/observation: (if necessary write on back)

Signature: _____ Stamp _____