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| **Controls For Automation**  **25 Constitution Drive**  **Taunton, MA 02780-1071**  **Toll Free: 1-800-802-6005 Fax: 1-508-802-6006 E-Mail:** [**Sales@gocfa.com**](mailto:sales@gocfa.com) |

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| CFA’s committed with exceeding your expectations with the quality of products and services that we provide. Please take a moment and utilize this survey to let us know how we are performing so that we may continually improve our processes.   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Survey Questions** | | **Level of Satisfaction** | | | | | | | | | | | **Unsatisfactory** | | | **Average** | | | | **Excellent** | | | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | | **1.** | How courteous were we to deal with? |  |  |  |  |  |  |  |  |  |  | | **2.** | How well did we responded to your requests for a quote? |  |  |  |  |  |  |  |  |  |  | | **3.** | How satisfied were you with our product knowledge and ease of ordering? |  |  |  |  |  |  |  |  |  |  | | **4.** | Were your items delivered promptly? |  |  |  |  |  |  |  |  |  |  | | **5.** | How was the condition of your packages? |  |  |  |  |  |  |  |  |  |  | | **6.** | Was your order accurate? |  |  |  |  |  |  |  |  |  |  | | **7.** | How satisfied are you with the quality of our product and/or service? |  |  |  |  |  |  |  |  |  |  | | **8.** | How well did we meet contract requirements & specifications? |  |  |  |  |  |  |  |  |  |  | | **9.** | How well did we perform as compared to other suppliers? |  |  |  |  |  |  |  |  |  |  | | **10.** | How would you rate our overall customer satisfaction? |  |  |  |  |  |  |  |  |  |  | | **Comments or suggestions that you may have:** | | | | | | | | | | | | | Would you like a CFA representative to contact you? | |  | | or |  | | | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Your Name:** |  | **Title:** |  | **E-Mail or Phone:** |  | **Date:** | | | |  |  |  |  |  |  |  | | | | **Company Name:** |  | **Address:** |  | **City:** |  | **State:** |  | **Zip:** | |  |  |  |  |  |  |  |  |  |  |  | | --- | | **Please e-mail, mail or fax to the address or number that’s listed above. Thank you, CFA QA/QC** | |