



QC Survey
Please Take Our Brief Survey
Thank You

Please print and fax this form to: 419.729.5776

QC Survey NC10.13.00

Your Experience with Clamps Incorporated	Very Unsatisfied	Neutral	Very Satisfied	Not Applicable
Product				
Overall Quality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RFQ Experience				
Response Time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteous:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service				
Courteous:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery				
Packaging:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Would you like us to contact you? _____

Optional

Date: _____

Company Name: _____

City: _____ State: _____

Survey Completed By: _____

email: _____

Thank you for your feedback and time.