

Customer Feedback Questionnaire

Frontier Job #: _____

Company: _____

Contact: _____

OFFICE USE ONLY
Date Received

Please rate Frontier on the following:

<i>Sales:</i>	(Poor)	(Good)	(Excellent)			<u>COMMENTS</u>
<i>Representative</i>	1	2 3 4 5		NA		_____
<i>Quotation</i>	1	2 3 4 5		NA		_____
<i>Design</i>	1	2 3 4 5		NA		_____
<i>Project Coordinator:</i>						
<i>Project Management</i>	1	2 3 4 5		NA		_____
<i>Communication</i>	1	2 3 4 5		NA		_____
<i>Engineering</i>	1	2 3 4 5		NA		_____
<i>Delivery</i>	1	2 3 4 5		NA		_____
<i>Service</i>	1	2 3 4 5		NA		_____
<i>Training:</i>						
<i>at Frontier</i>	1	2 3 4 5		NA		_____
<i>at Install Location</i>	1	2 3 4 5		NA		_____
<i>User/Maintenance Manual</i>	1	2 3 4 5		NA		_____
<i>Equipment:</i>						
<i>Appearance</i>	1	2 3 4 5		NA		_____
<i>Performance</i>	1	2 3 4 5		NA		_____

Why did you choose to purchase from Frontier Quality Flexibility Price Service Other _____

If / when you purchase from us again, how could we improve?
