



Phone: 613-744-3670
 Fax: 613-744-8452
 Email: sales@iconopower.com
 Website: www.iconopower.com

1051 Ages Drive
 Ottawa, Ontario, Canada, K1G 6L3

ISO 9001: 2008 Certified

Date: _____ Contact: _____
 Company Name: _____ Tel: _____
 Email: _____ Fax: _____

Customer Satisfaction Survey

In the interest of continuous improvement and an additional effort to improve the quality of service we offer at Iconopower Limited, we would appreciate a few minutes of your time for your feedback to the following questions:

Being **1: Outstanding, 2: Good, 3: Can improve, 4: Not applicable**

- Sales Contact:**
- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 |
| A. Understands your requirements and provides a suitable solution | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Responds promptly to your request | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Is courteous and knowledgeable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Products and Services:**
- | | | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Correctness of order | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. On time delivery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Satisfaction of packaging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Accounts Receivable:**
- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Invoices in a timely fashion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Any problems related to billing are promptly handled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Personnel courteous and knowledgeable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: _____

 Please send it back to us, either by fax, or Email at quality@iconopower.com
 If returning by email, fill and save it first, and attach it when reply.
Thank you for your time and input