

Each home is unique with its differing in expectations and requirements. We would like to

We trust that you were happy with the service. Please take a few moments to fill out our customer survey and return it in the envelope.

For each item identified below, circle the number that best describes your satisfaction level.

1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor

1. Initial telephone contact and response	(1)	2	3	4	5
2. Promptness & professionalism of estimate received.	(1)	2	3	4	5
3. Questions & concerns addressed professionally.	(1)	2	3	4	5
4. Promptness of crew.	1	(2)	3	4	5
5. Appearance and neatness of crew.	1	(2)	3	4	5
6. Overall quality of work done.	1	(2)	3	4	5
7. Cleanliness of work area upon completion of job.	1	2	(3)	4	5
8. Did you feel that you received a fair price for the work done?	(YES)			NO	
9. Would you use our services again?	(YES)			NO	
10. Can we use your name as a reference?	YES			NO	
11. How did you hear about us?	advertisement				
12. Do you have any possible future painting needs? If so, what type and when may we call you?					

Complete Customer Satisfaction Is Our Goal

NAME: Rosie & Glenn A

STREET: _____

CITY: Burke STATE: VA ZIP: 22015

* We were very impressed with Manuel's professionalism, strong work ethic and quality of work.