

Each home is unique with its differing needs, expectations and requirements. We would like to know

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 enclosed envelope.

For each item identified below, circle the

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.	<i>Joe + Charles = just GREAT!</i>				
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?	<i>ad in local paper</i>				
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: Anthony & Mary D

STREET: _____

CITY: Fairfax STATE: VA ZIP: 22035