



**WILLIAMS
PROFESSIONAL
PAINTING**

Serving Northern Virginia Since 1979

Foreman: Jaime

3919 Wheeler Ave. Alexandria, Virginia 22304
703-768-8143 Fax 703-751-4162

We would like to thank you for allowing us to assist you in the painting of your home. Our goal is customer satisfaction and we can only achieve success in meeting our goal with your help.

Each home is unique with its differing needs and characteristics, along with each homeowner's expectations and requirements. We would like to know how we did in meeting the needs of your job.

We trust that you were happy with the service you received and would greatly appreciate you taking a few moments to fill out our customer survey and returning it in the enclosed self addressed stamped envelope.

For each item identified below, circle the number that best fits your judgment of its quality.

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

1. Initial telephone contact and response	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2. Promptness & professionalism of estimate received.	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3. Questions & concerns addressed professionally.	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
4. Promptness of crew.	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5. Appearance and neatness of crew.	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
6. Overall quality of work done.	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7. Cleanliness of work area upon completion of job.	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
8. Did you feel that you received a fair price for the work done?	<input checked="" type="radio"/> YES			<input type="radio"/> NO	
9. Would you use our services again?	<input checked="" type="radio"/> YES			<input type="radio"/> NO	
10. Can we use your name as a reference?	<input checked="" type="radio"/> YES			<input type="radio"/> NO	
11. How did you hear about us?	<i>POSTCARD MAILING</i>			<input checked="" type="radio"/> YES	<input type="radio"/> NO

Complete Customer Satisfaction Is Our Goal

NAME: KYLE V

STREET: _____

CITY: FALLS CHURCH STATE: VA ZIP: 22043