

## CUSTOMER FEEDBACK FORM

*DID WE ASSIST YOU TODAY?*

Please help us to help you by letting us know how we assisted you today. We want to make sure your visit to our site was as satisfying as possible.

### Contact Details *(Optional)*

|          |  |
|----------|--|
| Name:    |  |
| Address: |  |
|          |  |

|            |  |
|------------|--|
| Telephone: |  |
| Email:     |  |
|            |  |

Did you get everything you required today?

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Can you suggest any other services you would like to see at our site?

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Can you recommend how we can improve our service?

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*Thank you for your feedback. We are grateful for your time & effort to fill it in.*

