

Please fax the completed survey to: (586) 781-0044

CUSTOMER SATISFACTION SURVEY

FEC INC.

51327 QUADRATE DRIVE

MACOMB, MI 48042

PHONE: (586) 781-2100

FAX: (586) 781-0044

Please complete the following questions based on your experience with us during the last 12 months.

Questions / Rating scale	Excellent	Good	Fair	Poor	Don't know
1. Overall engineering capability	_____	_____	_____	_____	_____
2. Product delivery on time	_____	_____	_____	_____	_____
3. Product quality meets requirements	_____	_____	_____	_____	_____
4. Response to inquiries	_____	_____	_____	_____	_____
5. Response to problems, complaints, suggestions	_____	_____	_____	_____	_____
6. Product cost meets requirements	_____	_____	_____	_____	_____
7. Product Support	_____	_____	_____	_____	_____
8. Overall performance	_____	_____	_____	_____	_____

9. How can we increase your overall satisfaction with the products and service we provide you?

10. Would you like us to contact you regarding this survey or a related matter?

(Please circle one)

YES

NO

Your Name _____ Daytime phone (____) _____
(First) (Last)

Company Name _____

Address _____ City _____ State _____ Zip _____