

# Customer Satisfaction Survey



**Distributing Corporate Office**  
560 Myrtle St  
Reynoldsville Pa  
15851

Phone: 814-612-2115  
Fax: 814-612-2059

Date:

Customer Name:

Address:

State/Province:

Zip/Postal Code:

Phone:

Fax:

Email:

**Please fill out all applicable sections below,  
so we may better serve you in the future.**

**Please list current products / services we've provided:**

**How can we improve the delivery of the products / services we provide you?**

**What are your impressions of the products / services we provide you?**

**How do you perceive us with respect to our competitors?**

**What is your perception of the pricing for the products / services we provide you?**

**In what ways should we improve our products / services, our marketing, or our delivery to you?**

**How can we improve the quality of the products / services we provide you?**

**Any thoughts you'd like to share with our organization on how we can serve you better:**