Customer Satisfaction Survey

Name: ____________________________ Part #: ____________________________
Company: ____________________________ Ref # (ex. PO/Demo/Sample):
E-Mail: ____________________________

Please check the corresponding number as it relates to the following legend:

😊 = Very Satisfied
😊 = Satisfied
😊 = Neutral
😊 = Dissatisfied
😊 = Very Dissatisfied

Please rate the following:
1. Performance of product delivered
2. Quote response timeliness
3. Ease of ordering
4. Quality of product delivered
5. On-time delivery

Future Product Marki Microwave should develop: ____________________________

Additional Comments: ______________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Thank you for your time! Please return your completed survey by email to
info@markimicrowave.com or by Fax at 408-778-4300. One lucky winner will be
selected monthly to win a Marki Microwave token of appreciation.