



UNION TECHNOLOGY CORP.
 718 MONTEREY PASS RD., MONTEREY PARK CA 91754 USA
 TEL: 323.266. 6603 FAX: 323. 266.7890
 Email: info@uniontechcorp.com Website: www.uniontechcorp.com

COMPANY NAME: _____ ADDRESS: _____

CUSTOMER SURVEY

A. WHEN DEALING WITH UNION TECHNOLOGY CORP., PLEASE GIVE US YOUR OPINION ON:

	5	4	3	2	1	0
	VERY SATISFIED	SATISFIED	ACCEPTABLE	UNSATISFIED	VERY UNSATISFIED	NO EXPERIENCE
1. OUR ATTITUDE AND EFFICIENCY IN WORKING WITH US ON THE PHONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. THE SPEED OF OUR RESPONSE TO YOUR INQUIRIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. OUR RESPONSE ON REQUESTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. OUR RESPONSE IN ACKNOWLEDGMENT OF ORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. OUR SHIPPING AND DOCUMENTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SALES'S DEPT. TECHNICAL KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. SUGGESTIONS WE MAKE IN RESPONSE TO YOUR ORDER OR OTHER INQUIRIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. OTHER SUGGESTIONS / COMMENTS:	_____					

B. WHAT IS YOUR JUDGMENT ABOUT OUR PRODUCT AND DELIVERY

	5 VERY SATISFIED	4 SATISFIED	3 ACCEPTABLE	2 UNSATISFIED	1 VERY UNSATISFIED	0 NO EXPERIENCE
1. OUR PRODUCT QUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. OUR DELIVERY TO PROMISES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. OUR DELIVERY TO YOUR NEED DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. OTHER SUGGESTIONS / COMMENTS:	_____					

C. WHAT IS YOUR OPINION ABOUT OUR HANDLING OF COMPLAINTS

	5 VERY SATISFIED	4 SATISFIED	3 ACCEPTABLE	2 UNSATISFIED	1 VERY UNSATISFIED	0 NO EXPERIENCE
1. THE SPEED OF HANDLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. THE RESULTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. OTHER SUGGESTIONS / COMMENTS:	_____					

D. WHAT IS YOUR OPINION ABOUT THE COMPARISON BETWEEN OUR COMPANY AND COMPETITORS

	5 VERY SATISFIED	4 SATISFIED	3 ACCEPTABLE	2 UNSATISFIED	1 VERY SATISFIED	0 NO EXPERIENCE USING
1. OUR PRODUCT QUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. OUR LEAD TIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SERVICE AFTER SALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. OTHER SUGGESTIONS / COMMENTS:	_____					

NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____