

**Company name:**

**Your Name Surname:**

**Date:**

1. Can you reach our company and the official you want to meet easily?

Excellent  Good  Medium  Poor

2. What is your opinion about our employees' approach and knowledge about the service they provide?

Excellent  Good  Medium  Poor

3. Are you satisfied with the quality of our service?

Excellent  Good  Medium  Poor

4. Can you get the service you promised at the time?

Excellent  Good  Medium  Poor

5. Can you get the service you want in the budgets committed?

Excellent  Good  Medium  Poor

6. Your feedbacks about the services provided by our company

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*Dear customer, the above questionnaire form has been prepared in order to serve you better.  
Please fill in the questionnaire with your real thoughts in order to get better and fax it to us.  
( fax : 0 212 276 25 95 )*

Thank you for your interest.

**Stamp / signature**