

Customer Satisfaction Survey

Dear Valued Customer: Please help FXI in our continuous improvement efforts by completing this survey.

Directions: For each focus area, please check the appropriate box corresponding to your degree of satisfaction.

Note: Please identify the specific FXI location, i.e., Rose Tree, Novi or manufacturing plant that you are rating.

Date: _____ Company Name: _____ Your Name (optional): _____

FXI location being rated: _____

Overall Satisfaction Rating: Excellent Above Average Average Fair Poor

	5	4	3	2	1	N/A
	Excellent	Above Average	Average	Fair	Poor	

Sales Service:

Comments for Sales Service: _____

Manufacturing & Quality:

On-Time Delivery

Product Quality

Product Met Fit, Form & Function Requirements

Comments for Manufacturing & Quality: _____

Customer Service:

Comments for Customer Service: _____

Other Questions:

	5	4	3	2	1	N/A
	Excellent	Above Average	Average	Fair	Poor	

How does our quality compare to similar suppliers?

How does our service compare to similar suppliers?

How do you rate the perception of the product value?

Will you place orders with FXI in the future? Yes No

Would you recommend FXI to other buyers of foam? Yes No

Comments / Suggestions: _____

Thank you for your time. Save in Word, Close, then Forward E-mail to: QualityDept@FXI.com