



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 Poor Unacceptable

	5 Excellent	4 Above Average	3 Average	2 Poor	1 Un- acceptable	N/A
Sales Service:						
Sales Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales Knowledge (product, price, market, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales knowledge of your business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your sales person call on you enough?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Comments for Sales Service: _____

Manufacturing & Quality:

On-Time Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Met Fit, Form & Function Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments for Manufacturing & Quality: _____

Customer Service:

Comments for Customer Service: _____

Other Questions:

	5 Excellent	4 Above Average	3 Average	2 Poor	1 Un- acceptable	N/A
How does our quality compare to similar suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How does our service compare to similar suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How do you rate your satisfaction with product price?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How do you rate the perception of the product value?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you place orders with FXI in the future?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

In your opinion what is the most important area that FXI needs to improve to meet your needs and improve as a supplier? _____

Comments: _____

Thank you for your time.

Save in Word, Close, then Forward E-mail to: QualityDept@fxi.com