

| Name | | | | |
|--|-----------|---------------|---------------|--------------|
| Company | | | | |
| Address | | | | |
| | | | | |
| Date of Visit | | | | |
| Bricking Solutions would like to thank you evaluation. | for your | hospitality a | nd cooperat | tion for the |
| We would like to ask you a favor to fill out experience with our company and our train | | | | |
| questions might not apply to your situation | or visit. | | | |
| REPRESENTATIVE: | | | | |
| Who was your representative: | | | | |
| Was your representative knowledgeable an | | | estions: | |
| Did the representative leave their contact in | | • - | | |
| Was your customer service representative p | | | | |
| , , | | | | - |
| CUSTOMER SERVICE: | | | | |
| Were you satisfied with the customer service | e you w | ere provided | : (yes or no) | |
| General issues: | | | | |
| Technical issues: | | | | |
| Maintenance issues: | | | | |
| Emergency Issues: | | | | |
| Rate your satisfaction with our customer ser | rvice pe | rsonnel regar | ding the fol | lowing: |
| - | Good | _ | _ | <u> </u> |
| Managing your needs and requests: | Good | Fair | Poor | |
| Professionalism: | Good | Fair | Poor | |
| Courtesy: | Good | Fair | Poor | |
| Friendliness: | Good | Fair | Poor | |
| Willingness to help: | Good | Fair | Poor | |
| Overall performance: | Good | Fair | Poor | |
| ı | | | | |

1144 Village Way • Monroe, WA 98272 • USA 800.621.7856 • fax:360-805-2521 • cell: 425.686.5252

Web: www.brickingsolutions.com E-MAIL:stacey@brickingsolutions.com



| What could we do to improve our | r customer s | ervice: | |
|------------------------------------|---------------|--------------|----------------------------------|
| | | | |
| PRODUCT: | | | |
| How satisfied with our product re | egarding the | e followin | ig items: |
| Overall quality: | Good | Fair | Poor |
| Installation experience: | Good | Fair | Poor |
| Usage experience: | Good | Fair | Poor |
| Service Experience: | Good | Fair | Poor |
| How often will you use the produ | ıct: | | |
| Was the assembly of the product | | | |
| Do you have a clear understandir | • | | product and the safety features: |
| Have you read the manuals for yo | our product | · | · |
| Are they clear and unders | tandable: | | |
| Have you had any training for yo | ur equipme | nt? | |
| Are you interested in training for | your equip | ment? | |
| Do you know about the safety up | | | |
| Any Comments: (if you need mor | e space plea | ase feel fre | ee to use the back) |
| | | | |
| | | | |
| Thank you for your time. | | | |
| Hope to see you again soon. | | | |
| Best regards, | | | |
| Stacey Rice | | | |
| Director of Services for BBS Techr | nical Service | S | |
| a division of Bricking Solutions | | | |

1144 Village Way • Monroe, WA 98272 • USA 800.621.7856 • fax:360-805-2521 • cell: 425.686.5252

 $Web: \ \underline{www.brickingsolutions.com} \ E\text{-}MAIL: \underline{stacey@brickingsolutions.com}$