



**QC Survey**  
**Please Take Our Brief Survey**  
**Thank You**

**Please print and fax this form to: 419.729.5776**

**QC Survey NC10.13.00**

Your Experience with Clamps Incorporated	Very Unsatisfied	Neutral	Very Satisfied	Not Applicable
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**Product**

Overall Quality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RFQ Experience**

Response Time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteous:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Customer Service**

Courteous:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Delivery**

Packaging:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

Would you like us to contact you? \_\_\_\_\_

**Optional**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Survey Completed By: \_\_\_\_\_

email: \_\_\_\_\_

**Thank you for your feedback and time.**