



Hometown Associates
777777-00
Richard & Susan Johnson
1970 Lindy Lane
Hometown, US 01234-5678

GNRC-2039
777777
GNRC-00

Hometown Associates
200 W Main Street
John Smith

999999
888888
123-456-7890

Satisfaction Survey

Thank you for choosing the above company. They truly appreciate the confidence you placed in them. In their continuing effort to improve and learn more about the service you were given, C.P.I. Market Research Data has been retained to conduct this survey. It will take only a few minutes to complete but the answers you provide will help them evaluate their strengths and identify those areas needing improvement. When you have completed the survey, please return it in the enclosed postage-paid envelope. Thank you for your participation.

C.P.I. Market Research Data

Please fill in your contact number:

Please fill in your e-mail address so you can be kept informed about new services:

- 1. Have you used the services of this company in the past?**
 1 yes 2 no
- 2. Have you used the services of this salesperson in the past?**
 1 yes 2 no
- 3. What factors influenced you most in selecting this salesperson for your needs?**
 1 past experience
 2 general reputation
 3 friend / family referral
 4 products / services offered
 5 convenience / location
 6 advertising
 7 seminar
 8 website
 9 other: _____
- 4. How would you describe the service you received from this company?**
 1 excellent 2 good 3 fair 4 poor
- 5. How would you describe the service you received from this salesperson?**
 1 excellent 2 good 3 fair 4 poor
- 6. How did you first hear about the salesperson shown above?**
 1 referred by a friend
 2 past experience
 3 radio
 4 seminar
 5 web site
 6 yellow pages
 7 direct mail
 8 newspaper / magazine
 9 other: _____

QUESTIONS ARE CONTINUED ON REVERSE SIDE – ALSO USE FOR ADDITIONAL COMMENTS



7. Would you recommend this company to a friend or relative?

1 yes 2 no

8. Would you recommend this salesperson to a friend or relative?

1 yes 2 no

9. If you answered "yes" to question 7 or 8, please write in the name and phone number of the person you believe would like information from this salesperson so they may call them.

Referral's Name: _____

Referral's Phone Number: _____

10. Would you like information on any of the following? Please check all areas of interest.

- | | |
|--|---|
| 1 <input type="checkbox"/> product one | 7 <input type="checkbox"/> product seven |
| 2 <input type="checkbox"/> product two | 8 <input type="checkbox"/> product eight |
| 3 <input type="checkbox"/> product three | 9 <input type="checkbox"/> product nine |
| 4 <input type="checkbox"/> product four | A <input type="checkbox"/> product ten |
| 5 <input type="checkbox"/> product five | B <input type="checkbox"/> product eleven |
| 6 <input type="checkbox"/> product six | C <input type="checkbox"/> product twelve |
| D <input type="checkbox"/> other: _____ | |

Please list any suggestions you have that would help this company improve their services:

Additional comments or suggestions:

Place in the postage-paid return envelope provided and mail to:
C.P.I. MARKET RESEARCH DATA
P.O. Box 8003, Walled Lake, Michigan 48390-8003