

CUSTOMER SATISFACTION SURVEY

We at Palumbo care about what you think!

Please return the entire survey in the postage paid envelope provided.

We thank you in advance for your time and cooperation and look forward to servicing your needs in the future.

Company Name _____ Company Contact _____

Address _____ Phone# _____

City _____ State _____ Zip _____

1. Which of the following best describes your type of business?

- Contractor
 Mason
 Yard
 Other (Please Specify) _____

2. Where did you hear about Palumbo Block Co., Inc.? Choose all that apply.

- Direct Mail
 Trade Show
 Yellow Pages Ad
 Internet
 Newspaper
 Referral from friend/colleague
 E-Mail
 Fax
 Other (Please Specify) _____

3. How would you describe your experience with Palumbo Block Co., Inc.? Please check the appropriate box in each category.

<i>Category</i>	<i>Excellent</i> (5)	<i>Good</i> (4)	<i>Average</i> (3)	<i>Fair</i> (2)	<i>Poor</i> (1)	N/A
<i>Placing an order</i>						
<i>Knowledge of Sales</i>						
<i>Representative</i>						
<i>Delivery Service</i>						
<i>Product Quality</i>						
<i>Billing Process</i>						
<i>Overall Experience</i>						
<i>Product Availability</i>						

Comments: _____

4. How did the price of our products and services compare to your expectations?

- Value Exceeded Price
 Worth What You Paid For
 Price Exceeded The Value

5. *What do you like about doing business with Palumbo Block Co., Inc.? Check all that apply.*

- | | | |
|--|---|--|
| <input type="checkbox"/> <i>Local Company</i> | <input type="checkbox"/> <i>Product Knowledge</i> | <input type="checkbox"/> <i>Product Quality</i> |
| <input type="checkbox"/> <i>Delivery Service</i> | <input type="checkbox"/> <i>Knowledgeable Employees</i> | <input type="checkbox"/> <i>Timely Response to Concerns/Issues</i> |
| <input type="checkbox"/> <i>Professionalism of Drivers</i> | <input type="checkbox"/> <i>Office Staff Support</i> | <input type="checkbox"/> <i>Other (Please Specify Below)</i> |

Comments:

6. *Which, if any, of the following could use improvement? Check all that apply.*

- | | | |
|--|---|--|
| <input type="checkbox"/> <i>Local Company</i> | <input type="checkbox"/> <i>Product Knowledge</i> | <input type="checkbox"/> <i>Product Quality</i> |
| <input type="checkbox"/> <i>Delivery Service</i> | <input type="checkbox"/> <i>Knowledgeable Employees</i> | <input type="checkbox"/> <i>Timely Response to Concerns/Issues</i> |
| <input type="checkbox"/> <i>Professionalism of Drivers</i> | <input type="checkbox"/> <i>Office Staff Support</i> | <input type="checkbox"/> <i>Other (Please Specify Below)</i> |

Comments:

7. *How likely are you to continue purchasing products from Palumbo Block Co., Inc.?*

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Definitely</i> | <i>Probably Yes</i> | <i>Undecided</i> | <i>Possibly Not</i> | <i>Definitely Not</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. *How likely are you to recommend our products or services to others?*

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Definitely</i> | <i>Probably Yes</i> | <i>Undecided</i> | <i>Possibly Not</i> | <i>Definitely Not</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. *What products would you like to see Palumbo Block Co., Inc. provide to you in the future.
Please List:*

We welcome you opinions. If you have additional comments, please provide them in the space below.

AGAIN WE THANK YOU FOR YOUR VALUABLE TIME