



**Omni Data Systems / ISO 9001 / Forms / FQ-CS**

**Customer Satisfaction Survey**

<i>Document #:</i> FQ-CS	<i>Version:</i> 1.00XG
<i>Date:</i> 08.15.2004	<i>Sections:</i> 8.2.1

Thank you for your order. We value your support and are always working to continually improve our service to you. Please complete our survey and return it back by email to [sales@omnidatasys.net](mailto:sales@omnidatasys.net) or fax at **(1) (281) 469-5841**.

Company Name: \_\_\_\_\_ Your Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Omni Data Sys. Account No.: \_\_\_\_\_ E-mail Address (OPTIONAL): \_\_\_\_\_  
 Today's Date: \_\_\_\_\_

Please select the top five most important service attributes to you when choosing a supplier.

<input type="checkbox"/> Ease of Ordering	<input type="checkbox"/> Backorder Notification	<input type="checkbox"/> Delivery Paperwork	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Billing Accuracy
<input type="checkbox"/> Product Selection	<input type="checkbox"/> Backorder Fulfillment	<input type="checkbox"/> Delivery Service	<input type="checkbox"/> Sales Representative	<input type="checkbox"/> Billing Service
<input type="checkbox"/> Accuracy of Order	<input type="checkbox"/> On-Time Delivery	<input type="checkbox"/> Returns Process	<input type="checkbox"/> On-line Ordering (E-Way)	<input type="checkbox"/> Other:

**Extremely Dissatisfied**
 **Extremely Satisfied**

Considering your experience with **Omni Data Sys. OVER THE LAST 6 MONTHS**, please rate your satisfaction with **Omni Data Sys.** by answering the questions listed below. Leave blank if not applicable. Indicate any additional information in the comments section at the end of the form.

1	2	3	4	5	6	7	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. EASE OF ORDERING: Is our ordering process straightforward and easy to understand?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. PRODUCT SELECTION: Is the product selection satisfactory to your needs? (Please note that your selection may be limited due to your company's contract or request, not at discretion.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. ACCURACY OF ORDER: Do you normally receive the correct items and quantities you ordered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. BACKORDER - NOTIFICATION: Are you notified of backorders (if they occur) in a timely manner?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. BACKORDER - FULFILLMENT: Are backorders filled in a timely fashion?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. ON-TIME DELIVERY: Do you normally receive your orders on time or as expected/negotiated?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. DELIVERY PAPERWORK: Is the paperwork you receive with your delivery clear and understandable?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. SALES REPRESENTATIVE: Is your sales representative responsive, courteous, and knowledgeable in answering your questions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. <b>OVERALL SATISFACTION WITH Omni Data Sys. :</b> Based on your experience as our customer, would you recommend us to a friend or colleague?

**Please provide any additional comments you may have, or indicate areas you believe need improvement:**

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THANK YOU ! Please return your completed survey by email at [sales@omnidatasys.net](mailto:sales@omnidatasys.net) or by fax at **(1) (281) 469-5841**.