

F300-4 Scott Tire Sales Customer Satisfaction Survey Form

Scott Tire Sales has a strong commitment to our customer's SATISFACTION! To help us better understand your needs, we request that you take a few minutes to fill out this form.

INSTRUCTIONS: Please rate us from a 1 through 5 and/or check the appropriate YES or NO.	
Company Name:	
Month/Date/Year:	
Name/Title:	

Please Rate Our Inside Staff	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
	1	2	3	4	5
Overall phone experience with our inside sales staff?					
Initial phone response time?					
Was person on the phone knowledgeable / helpful?					
Was our service or delivery handled when promised?					
Was the price quoted the price billed to you?					

Please Rate Your Account Representative In The Following Areas:	
Do you know his or her name?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Courteous	YES <input type="checkbox"/> NO <input type="checkbox"/>
Knowledgeable	YES <input type="checkbox"/> NO <input type="checkbox"/>
Problem solver	YES <input type="checkbox"/> NO <input type="checkbox"/>
Listens well to your questions / needs	YES <input type="checkbox"/> NO <input type="checkbox"/>
Delivers what he / she promises	YES <input type="checkbox"/> NO <input type="checkbox"/>
Prices products competitively	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please Rate Our Delivery & Service Technicians	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
	1	2	3	4	5
Overall experience with our service or delivery technicians?					
Was our service or delivery technician:					
Professional	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Courteous	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Timely	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

General	
Are we currently your choice as your primary tire supplier?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please check the products and services we provide to you:	
Truck New <input type="checkbox"/>	Truck Retread <input type="checkbox"/> Fleet Inspections <input type="checkbox"/> Industrial <input type="checkbox"/>
Farm <input type="checkbox"/>	Polyurethane Fill <input type="checkbox"/> 24/7 Road Service <input type="checkbox"/> OTR <input type="checkbox"/>

<i>What steps could we take to make us a better supplier to your company? WE REALLY WOULD LIKE TO KNOW!!!</i>

Thank You for your time in helping us to be a better supplier.