



CUSTOMER SURVEY - PROJECT END

1 EFCO SALES EXPERIENCE

OVERALL, how would you rate your satisfaction with the sales support provided by your EFCO Territory Manager?

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RATE:

- A.) The knowledge and experience of the EFCO Territory Manager.
- B.) The effectiveness of the solution provided by your EFCO Territory Manager.
- C.) The service provided to you by your EFCO Territory Manager.
- D.) The responsiveness of your EFCO Territory Manager to your questions and/or requests.

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on your **SALES EXPERIENCE**: _____

2 EFCO JOBSITE SERVICE

A.) Have you had a visit from an EFCO Field Supervisor?

YES (CONTINUE)
 NO (SKIP TO #3)

OVERALL, how would you rate your satisfaction with the jobsite service provided by EFCO?

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RATE:

- B.) The service provided by the EFCO Field Supervisor.
- C.) The impact that the EFCO Field Supervisor had on the productivity of your concrete forming crew.

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on your **JOBSITE SERVICE** experience: _____

3 RETURN OF YOUR EFCO EQUIPMENT

(IF YOU PURCHASED YOUR EQUIPMENT, PLEASE SKIP TO #4)

OVERALL, how would you rate your satisfaction with the return of your EFCO equipment?

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A.) Did EFCO's Return of Equipment Process meet your needs?

YES
 NO

B.) Was the return complete and accurate?

YES (SKIP TO "C")
 NO (CONTINUE)

1.) If NO, why not? _____

2.) Was it corrected to your satisfaction?

YES
 NO

PLEASE RATE:

- C.) The ease of returning your EFCO equipment.
- D.) The handling of any damaged or unreturned EFCO equipment.

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on your **RETURN OF EQUIPMENT** experience: _____

4 EFCO CONTRACTING & INVOICING

OVERALL, how would you rate your satisfaction with the Contracting and Invoicing provided by EFCO?

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RATE:

- A.) The EFCO contract as being easy to understand and fair to both parties.
- B.) The EFCO invoices as being easy to understand and process.
- C.) The communication provided to you by EFCO explaining the EFCO contracts and invoicing procedure.

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on your **CONTRACING & INVOICING** experience: _____

5 EFCO PRODUCT EXPERIENCE

OVERALL, how would you rate your satisfaction with the EFCO equipment provided for your project?

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RATE:

- A.) The quality of the EFCO product used at your project.
- B.) The ease-of-assembling your EFCO equipment.
- C.) The impact that the EFCO equipment had on the productivity of your concrete forming crew.
- D.) The performance of your EFCO equipment on your project.

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on your **EFCO EQUIPMENT** experience: _____

6 FUTURE FORMWORK DECISIONS

Would you use EFCO products and services again in the future? YES NO Why or Why Not? _____

7 FORMWORK RECOMMENDATIONS

Would you recommend EFCO products and services to others? YES NO Why or Why Not? _____

THANK YOU for your valuable time in completing this survey and for using EFCO products.

Signature: _____ Print Name: _____

Date of Completion: _____

8 GET YOUR EFCO GEAR

YES, please send me an **EFCO SUPER STUD T-SHIRT**. Please select your size.

SMALL	MEDIUM	LARGE	X-LARGE	XX-LARGE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>