



Customer Satisfaction Survey

Please complete the following brief survey and return to Irvin Aerospace at the address noted below. This information will be used by Irvin to learn how we can improve our service to our valued customers.

Customer Name:_____ Customer PO No._____

Irvin Project Ref._____ (if available)

1 = Poor; 2 = Fair; 3 = Good; 4 = Very Good

	1	2	3	4
1) Was delivery date of goods/services acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Did quality of product(s) meet expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Were responses to inquiries timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Did these responses address your questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Would you consider Irvin for future business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Suggestions: *(Please attach a sheet if necessary)*

Survey Completed by (please print): _____

Fax to (714) 662-1586 or via regular mail to: Irvin Aerospace Inc, 3701 W. Warner Ave., Santa Ana, California 92704; Attention: Customer Satisfaction