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Quality Systems Certified to AS9100 & ISO9001

CUSTOMER SURVEY
Form 82-01-1

CUSTOMER COMPANY NAME: [Click here to enter text.](#) **DATE:** [Click here to enter text.](#)

CUSTOMER CONTACT: [Click here to enter text.](#) **TITLE:** [Click here to enter text.](#)

SURVEY INTRODUCTION:
 Each year Jacon reaches out to our customers to understand the effectiveness of our quality, sales and service operations. We strive to continuously improve how we interact with your company and your responses help us to invest our resources in the right areas. We appreciate your time and response to these questions:

	Good	Fair	Poor
1. Rate Jacon's responsiveness to quotes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Rate Jacon's Cost Competitiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Rate Jacon's Quoted Deliveries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Rate Jacon's response to Quality Issues/Customer Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Rate Jacon's Service Levels per Department			
A. Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Vendor Managed Inventory Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We appreciate if you can elaborate on any of the survey items listed above, any topic you feel we have omitted or any suggestions you have to help us improve how we service your account. We value your comments and appreciate your time in completing this survey.

Comments: [Click here to enter text.](#)

NAME: [Click here to enter text.](#) **TITLE:** [Click here to enter text.](#)