

**Thank you for doing business with us. Please take a moment to let us know how we are doing.**

Would you recommend us to others?    Yes    No  
Did we refer to you by name?        Yes    No

|                                      | Poor                       | Fair                       | Good                       | Very Good                  | Superior                              |
|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|
| 1. How was our professionalism?      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input checked="" type="checkbox"/> |
| 2. How well did we listen to you?    | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   |
| 3. How well did we communicate?      | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   |
| 4. What was the quality of our work? | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   |
| 5. How was your overall experience?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   |

6. Which members of our staff did you have contact with? \_\_\_\_\_

7. Additional Comments: PERFECT, EASY.  
THANK YOU!

Name DAMIAN WALTERS (optional) Date \_\_\_\_\_