CUSTOMER FEEDBACK EVALUATION FORM

To: Archangel Systems Inc.
Attn: Quality Assurance Office
1635 Pumphrey Avenue
Auburn, Alabama 36832

Date: _____ *(Required)*

Subject: Customer Feedback / Evaluation

Product Being Evaluated: _____ *(Required)*

Please Let Us Know How We Are Doing

Name of Individual Submitting Evaluation: _____

Name of Company: _____

Phone Number: _____

PLEASE RATE OUR PRODUCT ON THE FOLLOWING ITEMS *(Required)*

		Outstanding 5	4	3	2	Poor 1	N/A
1	Product Received in Acceptable Condition:						
2	Product Received in a Timely Manner:						
3	Product Appearance Acceptable:						
4	Does Product Meet Your Requirements:						
5	Does Product Meet Your Expections:						

CUSTOMER COMMENTS / RECOMMENDATIONS FOR IMPROVEMENT

CONTACT SECTION

WOULD YOU LIKE ASI TO CONTACT YOU ABOUT THIS FEEDBACK: _____

Note: Indicate Yes or No. If You Indicate Yes, please be sure your name and contact information are indicated.

ARCHANGEL MANAGEMENT FOLLOW - UP ACTION:

WHEN COMPLETED PLEASE RETURN TO ADDRESS INDICATED ABOVE