

SHIPPING QUALITY REPORT

Company Name \_\_\_\_\_ Receiver's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, \State, Zip \_\_\_\_\_ Invoice # \_\_\_\_\_

YOU HAVE JUST RECEIVED AN ORDER FROM US AND WE WOULD LIKE YOU TO TAKE A FEW MINUTES OF YOUR TIME AND ANSWER THE FOLLOWING QUESTIONS FOR US:

Did your order arrive in good condition, generally? \_\_\_\_\_

Was anything damaged ? \_\_\_\_\_ What ? \_\_\_\_\_

\_\_\_\_\_

Were you shorted anything ? \_\_\_\_\_ What ? \_\_\_\_\_

\_\_\_\_\_

Were you treated nicely by our Sales Personnel ? \_\_\_\_\_

Would you re-order from us ? \_\_\_\_\_

How frequently do you purchase ? \_\_\_\_\_

How would you compare our service with other businesses ? \_\_\_\_\_

\_\_\_\_\_

Would you like a sales person to call on you regularly to see if there is anything you need &

advise you of our specials ? \_\_\_\_\_ If so, who should we ask for ?

\_\_\_\_\_

Please list any suggestions or criticisms here. \_\_\_\_\_

\_\_\_\_\_

ALL CLAIMS FOR CREDIT OR REQUESTS FOR REFUNDS OR RETURNS MUST BE MADE WITHIN 48 HOURS OF RECEIPT OF GOODS.