



Simply fill in the necessary portions and kindly return by fax to (514) 335-2295

USMR-\_\_\_\_\_

## Customer Satisfaction Survey

- |   | Poor                     |                          |                          |                          |                          | Excellent  |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
|   | 1                        | 2                        | 3                        | 4                        | 5                        | NA*  |
| <b>1. Overall, how satisfied are you with your VORTISAND® filtration system?</b>                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| <b>2. How would you rate VORTISAND® on the following characteristics?</b>                                     |                          |                          |                          |                          |                          |  |
| a- Product quality, performance   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| b- Value for your money, return on investment   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| c- Ease of operation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| d- Reliability  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| <b>3. How does VORTISAND® compare to similar products in the marketplace?</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| <b>4. How would you rate Sonitec Inc. on the following attributes?</b>  |                          |                          |                          |                          |                          |  |
| a- Customer service including service quality   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| b- Knowledgeable staff  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| c- Values you as a customer   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| d- Is responsive to your needs  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| e- Timely delivery  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| f- Problem resolution ability, troubleshooting  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| g- Our after sales service  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| h- Website usefulness <a href="http://www.vortisand.com">www.vortisand.com</a>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| <b>5. How satisfied are you:</b>  |                          |                          |                          |                          |                          |  |
| a- With the salesperson's advice regarding filter sizing  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| b- With the installation instructions   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| c- With the training you received at start-up   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| d- With the appropriateness of the documentation provided with your system                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 |
| <b>6. Would you recommend VORTISAND® to colleagues or contacts within your industry?</b>                      |                          |                          |                          |                          |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>7. Would you be interested in the following :</b>  |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/> 5-year service contract (includes yearly cleaning of the media, spare parts, etc...) |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/> Extended guarantee (5 years)   |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/> Newsletter, if so what's your email _____  |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/> Further documentation about our products   |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/> Being contacted further by a representative or a technical assistant                 |                          |                          |                          |                          |                          |  |

**8. Additional comments or suggestions:**

\_\_\_\_\_  
\_\_\_\_\_

**BY:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

\* Note: 1- Poor 2- Fair 3- Average 4- Good 5- Excellent N/A - Not Available