



**Please Tell Us What You Think!!!**

Your opinion really matters to us at All-Ways Accessible, Inc. We would be extremely grateful if you would take a few minutes to fill out the information below. If we did a good job, we want to know. If we didn't, we want to know even more.

Please return this questionnaire in the envelope provided and you will be entered into our monthly drawing. On the first of each month we will draw a name out of the returned evaluations. The winning name will receive a gift certificate. Past certificates have been to local restaurants, Home Depot, Wal-Mart and others.

**Sales:**

Was the Salesperson on time? Yes

Was the Salesperson courteous? Yes

Was the Salesperson knowledgeable? Yes

What could have the Sales Department, as a whole, have done better? 0

**Installation:**

Did you receive a call from the Operations Department confirming the appointment? Yes

Was the Installer on time? Yes

Was the Installer courteous? Yes

Did the Installer respect your Home? Yes

What could we have done better? 0

**Overall Experience:**

What was your biggest fear before hiring All-Ways Accessible? Did it come true, and if not, what happened instead? NO FEAR

What, specifically, was your favorite part of getting your Lift Installation, and why?

BEING ABLE TO GO DOWNSTAIRS W/O FALLING

If you were to recommend All-Ways Accessible to your best friend, what would you say?

BUY ALL-WAYS

Would you be willing to allow All-Ways Accessible to use your name as a reference for future customers?  
X Yes \_\_\_\_\_ No

Name: \_\_\_\_\_

Date 4-27-15