



All-Ways Accessible[®]

ELEVATORS & LIFTS

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? _____

Was the Salesperson courteous? _____

Was the Salesperson knowledgeable? _____

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

Installation:

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

Was the Installer on time? _____

Was the Installer courteous? _____

Did the Installer respect your Home? _____

What could we have done better? _____

Overall Experience:

What was your biggest concern before hiring All-Ways Accessible? Did it materialize, and if not, what happened instead? _____

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

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

Would you be willing to allow All-Ways Accessible to use your name as a reference for future customers?

Yes _____ No _____

Name: _____

Date _____