



PO Box 425, Normal, IL 61761-0425 • 309-452-4409

HOW WELL ARE WE SERVING YOUR SPECIAL NEEDS?

1. Overall, how satisfied are you with Wright Printing Co.?

- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied

2. Please take a few minutes to share with us what factors have made your experience satisfactory?

Dissatisfactory?

Please rate the following items from five to one, with five (5) being the highest level of satisfaction, and one (1) being the lowest.

	5	4	3	2	1
3. Professional, courteous phone service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Helpful customer service from your contact person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Requests for information or problems handled promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Satisfactory turnaround of request for quotes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Quality of proofs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall quality of finished job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. On-time delivery (did we meet delivery date?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Clear and accurate invoicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Were you offered suggestions to improve your job or reduce its cost? YES NO

12. Did you feel your contact person expressed a genuine interest in determining your goal(s) and meeting the special needs of your most recent printing project? YES NO

13. Do you regularly use our typesetting, design and layout services? YES NO

14. Have you had an opportunity to use our new full-color digital printer? YES NO

15. What other services could we provide to make your job easier or serve you better?

16. Any additional comments you'd like to share?

17. Your name and organization _____

This is not required, but we would like to consider each response personally.

Thank you for taking the time to share your opinion with us.

— please return in envelope provided —