COLTRANS
THE LOGISTICS COMPANY

TGA-ZM-07-92

ISO 9001:2000
CERTIFIED

# *Customer Satisfaction Survey*

***Control Number:*_____**



Thank you for using our services. As part of our efforts to continue providing you with best value services, we would highly appreciate if you could please fill-up this Customer Satisfaction Survey in order for us to determine areas for improvements. Your feedback is very important to us. Please fax back your reply at 8332358.

| **PART I. CLIENT DATA** | WHERE TO SUBMIT | |
|---|---|---|
| 1. Company Name | Fax to | |
| 2. Address | E-mail to | |
| 3. Contact Person | | |
| 4. Phone Number | | |
| 5. Fax Number | | |
| 6. E-mail address | | |

**PART II. CUSTOMER SERVICE SURVEY**

| | |
|---|---|
| 1. For new accounts: How did you find out about our services? Please put a checkmark on your answer | a. Referred by: |
| | b. Thru Ads: Please specify |
| | c. Thru marketing/sales letter |
| | d. Thru exhibition |
| | e. Nominated by Shipper |
| | g. Nominated by Consignee |
| | h. Others: please specify |

Please rate Coltrans services according to the following criteria

| Criteria | 1 | 2 | 3 | 4 | 5 | Score |
|---|---|---|---|---|---|---|
| 2. Professionalism | | | | | | |
| 3. Expertise | | | | | | |
| 4. Responsiveness | | | | | | |
| 5. Rates | | | | | | |
| 6. Global Network | | | | | | |
| 7. Customer Service | | | | | | |
| 8. Efficiency | | | | | | |
| 9. On Time Delivery | | | | | | |
| 10. Reliability | | | | | | |
| 11. After Sales Service | | | | | | |
| 12. Courteous/Polite | | | | | | |
| 13. Easy to Contact/Accessible | | | | | | |
| 14. Communication Skills | | | | | | |
| | | | | | Total Score | |

| Legend : | | Total Performance Rating | |
|---|---|---|---|
| | 1 - Excellent | | 13 - Excellent |
| | 2 - Very Good | | 14 - 26 Very Good |
| | 3 - Average | | 27 - 39 Average |
| | 4 - Below Average | | 40 - 52 Below Average |
| | 5 - Poor | | 53 - 65 Poor |

**PART III. CUSTOMER SATISFACTION**

| | | |
|---|---|---|
| 15. Please indicate the extent to which your objectives were satisfied (Please put a check mark) | | Extremely Satisfied |
| | | Very Satisfied |
| | | Satisfied |
| | | Dissatisfied |
| | | Very Dissatisfied |

16. Do you have additional comments on how we are compared with our competitors

17. Do you have other comments on how we can improve our services?

18. Do you have any Complaints with regards to our services during the last three (3) months?

20. Who is/are the Coltrans personnel you communicate with?

| | |
|---|---|
| 21. Would you recommend Coltrans to any of your clients or friends who would need forwarding/brokerage/logistics services (Please put a check mark) | YES |
| | NO |
| | PROBABLY |

**PART IV. PREPARED BY**

| Name & Signature | Date | |
|---|---|---|