

CLIENT SATISFACTION SURVEY

To help us better understand your level of satisfaction with our services we would appreciate it if you would complete this one page Client Satisfaction Survey and return it to us, within ten days.

Client _____

Contact Name _____

Contact Telephone Number _____

Please circle the number or fill in the button that you feel best describes how we are performing in each of the following areas:

- | | Poor | | Average | | Excellent |
|---------------------------------------|-------------|---|----------------|---|------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1 Service Quality | | | | | |
| 2 Timeliness of Service Delivery | | | | | |
| 3 Our Response When Contacted | | | | | |
| 4 Technical Support | | | | | |
| 5 Performance Compared to Competitors | | | | | |
| 6 Value of Service | | | | | |

Additional Comments

_____ Survey Completed by

_____ Title

_____ Date (dd-mm-yyyy)

Please return this survey to:

Client Relationships
client.relationships@cishipping.com