



Inter-Dimensional Technologies, Inc.
P.O. Box 392
Hop Bottom, PA 18824-0392

Better Technology...For A Better Life™

Customer Service Questionnaire

You can choose to leave your contact information blank if you wish to submit this questionnaire anonymously.

Company Name: _____

Name: _____

Title: _____

Address: _____

City, State, Zip Code: _____

1. How would you describe our cost-competitiveness compared to other companies that you researched?

Excellent ___ Good ___ Average ___ Below Average ___ Poor ___

Additional Comment: _____

2. How would you describe our responsiveness to your telephone calls, e-mails, etc.?

Excellent ___ Good ___ Average ___ Below Average ___ Poor ___

Additional Comment: _____

3. How would you describe our personal one-to-one communications with you throughout the entire purchasing process?

Excellent ___ Good ___ Average ___ Below Average ___ Poor ___

Additional Comment: _____

4. How would you describe the shipping time from your approval of our quotation until you received the product?

Excellent ___ Good ___ Average ___ Below Average ___ Poor ___

Additional Comment: _____

5. How would you describe the overall functionality of our website?

Excellent ___ Good ___ Average ___ Below Average ___ Poor ___

Additional Comment: _____

6a. How did you hear about us? _____

6b. If you found us on the web, which search engine did you use? _____

6c. What search engines do you use most-frequently (in order)? _____

Additional Comment: _____

7. If we mailed or e-mailed you sales material or a proposal, how would you describe the information which it contained?

Excellent ___ Good ___ Average ___ Below Average ___ Poor ___

Additional Comment: _____

8. In your opinion, did we give an honest and accurate representation of our product/service during the pre-purchase process?

Yes ___ No ___

Additional Comment: _____

9. What were the deciding factors in choosing our product and company?

10. How would you describe our overall service to you and your company?

Excellent ___ Good ___ Average ___ Below Average ___ Poor ___

Additional Comment: _____

11. Can we use the information and/or comments that you provided in this questionnaire in our advertising?

Yes ___ No ___

If yes, can we include your name, title and/or company name?

Yes ___ No ___

12. Are there any companies that you think might benefit from the product that you purchased? If so, would you be kind enough to list them below?

Company: _____
Contact: _____
Phone #: _____
Address: _____

City: _____
State, Zip _____

Company: _____
Contact: _____
Phone #: _____
Address: _____

City: _____
State, Zip _____

Company: _____
Contact: _____
Phone #: _____
Address: _____

City: _____
State, Zip _____

Company: _____
Contact: _____
Phone #: _____
Address: _____

City: _____
State, Zip _____

Signature: _____

Date: _____

You can mail the questionnaire to us at the address listed at the top of the first page, or fax it back to us at 570-289-0989. Thank you very much for taking the time to give us your opinions.