



**Foamex**

## Customer Satisfaction Survey

**Dear Valued Customer:** Please help Foamex in our continuous improvement efforts by completing this survey.

**Directions:** For each focus area, please check the appropriate box corresponding to your degree of satisfaction.

**Note:** Please identify the specific Foamex location, i.e., Linwood, Novi or manufacturing plant that you are rating.

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_ Your Name (optional): \_\_\_\_\_

Foamex location being rated: \_\_\_\_\_

**Overall Satisfaction Rating:**  Excellent  Above Average  Average  Fair  Poor

	5	4	3	2	1	N/A
	Excellent	Above Average	Average	Fair	Poor	

**Sales Service:**

Comments for Sales Service: \_\_\_\_\_

### Manufacturing & Quality:

On-Time Delivery

Product Quality

Product Met Fit, Form & Function Requirements

Comments for Manufacturing & Quality: \_\_\_\_\_

**Customer Service:**

Comments for Customer Service: \_\_\_\_\_

### Other Questions:

How does our quality compare to similar suppliers?

How does our service compare to similar suppliers?

How do you rate the perception of the product value?

Will you place orders with Foamex in the future? Yes  No

Would you recommend Foamex to other buyers of flexible foam? Yes  No

**Thank you for your time. Save in Word, Close, then Forward E-mail to: [QualityDept@foamex.com](mailto:QualityDept@foamex.com)**