Date:_____

Consultant:_____

MODO KITCHENS

CLIENT DETAILS

Name and Surname:_____

Site Address:_____

Suburb:_____Postal Code:_____

Contact number:_____

Email:_____

JOB DETAILS

Type:_____

Door type:_____

Worktop type:_____

Colour scheme:_____ Ceiling height:_____

Extras (eg Plumbing):_____

CUSTOMER SATISFACTION SURVEY

Based on your experience with the consultant and installer of your new kitchen we would very much like you to rate Modo Kitchens based on each of the following

DESIGN & QUOTE

	Excellent	Very Good	Good	Fair	Poor
First interview	☐	☐	☐	☐	☐
Quality of Design	☐	☐	☐	☐	☐
First interview	☐	☐	☐	☐	☐
Quality of Design	☐	☐	☐	☐	☐
Quote thoroughness	☐	☐	☐	☐	☐
Delivery time	☐	☐	☐	☐	☐

MANUFACTURING & INSTALLATION

	Excellent	Very Good	Good	Fair	Poor
Quality of Products	☐	☐	☐	☐	☐
Presentation of Crew	☐	☐	☐	☐	☐
Delivery time	☐	☐	☐	☐	☐
Cleanliness of install	☐	☐	☐	☐	☐
Final Product	☐	☐	☐	☐	☐
Installation time	☐	☐	☐	☐	☐

	Yes	No
Would you recommend your sales representative to others?	☐	☐
Did the installer answer all your technical questions?	☐	☐
Did you receive your warrantee certificate and cleaning instructions?	☐	☐
Can we use your comments and/or call you to serve as recommendation for future clients?	☐	☐

	Very Likely	Likely	Unlikely	Very Unlikely
Can we use your comments and/or call you to serve as recommendation for future clients?	☐	☐	☐	☐

Why would you or would you not reommend Modo Kitchens? (please be as spesific as possible) _____

_____

_____

_____

_____

_____

_____

☐ Please tick here if you do not want Modo Kitchens to use your comments or images on our website. Modo Kitchens will never disclose any personal details to a third party

CUSTOMER SURVEY