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CCTV Systems

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- Intruder & Fire Alarms
- Access Control Systems
- Nurse & Warden Call Systems
- Automatic Traffic Barriers & Gates
- **Building Control Systems**
- Electrical Installations
- Radio & Data Communications
- \* 24hr Service \* Local & National Coverage \* Maintenance Programmes \* On-Line Support \*

## Thank you for choosing EDS.

## **Customer Satisfaction Form**

We trust that you were happy with the work we recently carried out for you and that our workmanship met your expectations, In order that we maintain our high standards and to monitor our quality service, we would appreciate a few moments of your time in completing this Customer Satisfaction Form, and either post or fax it back to us. Any comments given in this form will be treated with strictest confidence. Should you wish to expand on any of the areas detailed, then please feel free to use a separate sheet and attach it to this form. (Leave this section blank if you wish)

|  | Company (if applicable)      | Position   |
|--|------------------------------|--|
| Name   |                              |  |
| Address 7 Locky Alx July   | = SULTON GSDH                | Post Code B75 6 KR   |
| Tel No.  | Fax No                       | Mobile   |
| How did you originally hear about EDS?.  |                              | Date 14.7.07   |
| When you initially contacted EDS, please describe  | e your thoughts regarding:   | How would you describe the following qualities of the operative(s):  |
| Ease of Contact First Impressions Polite & Helpfulness Plan of Action Given Speediness of Enquiry                                  | i Average Poor               | Excellent Good Average Poor Polite & Helpful Knowledgeable Appearance Quality of Workmanship Regard to your property                               |
| When the representative first called to see you, ple   | ease describe the following: | The manner in which our operative(s):  |
| Excellent Good Punctuality First Impression Polite & Helpfulness Knowledgeable Plan of Action Given                                | d Average Poor               | Excellent Good Average Poor Informed you of Progress Explained the Works Demonstrated the Works Carried out their works Informed you of any delays |
| When you received the quotation, what were your thoughts regarding:  How would you describe the overall opinion:                   |                              |  |
| Presentation Ease of Understanding Quality of Information Value for Money Punctuality  A  Excellent Good Food Presentation A  A  A | d Average Poor               | Excellent Good Average Poor Ease of Use** Functional** Build Quality Instructions Overall Opinion ** Where applicable                              |
| A book the approximation (a)   |                              | Would you recommend EDS to other people? Yes No  |
| Date & Time Expected Date & Time Arrived Was this acceptable Comments  About the operative(s) Date: Date: Yes                      | Time: 29, 00 of Time: u      | Reason (If any) If yes, I would recommend EDS to:  |
| Is there anything else you would like us to ki   | now?                         | Are there any improvements we could make?  |

If you would like further information on any of our products or services we provide, please complete the section below

Intruder Alarms Fire Alarms Access Control Systems Closed Circuit Television (CCTV) Covert Surveillance

Nurse & Warden Call System Traffic Barriers & Rising Kerbs Automatic Electric Gates Perimeter Protection Systems Public Address Systems

Electrical Installations Electrical Testing Other