

Rent Equip Satisfaction Survey

Customer Name (optional): _____ Date of Visit: _____

Purpose of Visit (please check all that apply):

- Equipment rental
- Equipment/merchandise purchase
- Consulting services
- Repair of customer-owned equipment
- Just looking
- Other (please describe): _____

Name of employee(s) who assisted you (if known): _____

Please rate our performance below by checking one rating box for each performance category.

Performance Categories:	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Strongly Agree (4)	Agree (5)	N/A (not applicable)
If you called prior to your visit, our telephone agent was courteous and helpful.						
Our store was easy to locate.						
Our store was easy to navigate.						
You were greeted promptly when you arrived.						
You were treated courteously by our employees.						
You were asked about your needs/goals.						
An employee worked with you to determine the best equipment/merchandise or service to meet your needs.						
You were satisfied with the variety of products and/or services available.						
You were able to select a product or service that met your needs.						
The product/service you selected was available in a timely manner.						
You were provided with operating instructions on the equipment/products you selected.						
You were provided with adequate training on the equipment/products you selected.						
Safety features and/or warnings regarding use of the equipment/products were discussed.						
Your questions, if any, were answered to your satisfaction.						
You inspected the equipment before taking possession of it.						
The checkout process was timely and met your expectations.						
The return-of-equipment process was timely and met your expectations.						
Overall, our service met your expectations.						

Would you like someone to follow up with you? Yes No

Please share any additional comments you have: _____
