Affordable Service Plumbing, Heating, and Air Conditioning

Name:
Address:

Phone #:

Date of Service:
Type of Install: AC
Lead Man:
Assistants:

1) Were the workers polite? Yes No
Comments: _____

2) Was the crew prepared? Yes No
Comments: _____

3) Was the work area cleaned to your satisfaction? Yes No
Comments: _____

4) Did the crew arrive within the time scheduled? Yes No
Comments: _____

5) Was the scheduling process acceptable? Yes No
Comments: _____

6) Were your contacts with the office personnel acceptable? Yes No
Comments: _____

7) Was the work performed timely? Yes No
Comments: _____

8) Was the work performed to your satisfaction? Yes No
Comments: _____

9) Was the system explained to you adequately? Yes No
Comments: _____

10) Do you feel comfortable using the new system? Yes No
Comments: _____

11) On a scale of 1 to 5 how would you rate the service overall?
Worst-1 2 3 4 5- Best

12) If you had one recommendation for improvement, what would it be?

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13) What is most important to you? Quality Low Cost Service Convenience

14) Do we have your permission to use you as a reference? Yes No

15) How did you learn about our company? _____

16) Why did you convert to refrigerated air? _____

Please feel free to add any additional comments that you have. We appreciate your input !

DEMOGRAPHIC INFORMATION: If you don't mind would you please answer the following information for our records.
Any information that you provide will be used only for marketing purposes by our company.

Marital Status	Single	Married				
Age Group	Under 30	30-40	40-50	over 50		
Number of children living at home	0	1	2	3	3+	
Annual Household Income	Less than 50 thousand	50-100 thousand	Over 100 thousand			
Occupation	Technical	Retired	Medical	Trades	Professional	Self-Employed