



9539 Vassar Avenue
 Chatsworth, CA 91311
 Phone (818) 700-2901
 Fax (818) 709-7426
sales@jacon.com

Quality Systems Certified to AS9100 Rev. C & ISO9001:2008

CUSTOMER SURVEY
Form 82-01-1

CUSTOMER COMPANY NAME: [Click here to enter text.](#) **DATE:** [Click here to enter text.](#)

CUSTOMER CONTACT: [Click here to enter text.](#) **TITLE:** [Click here to enter text.](#)

SURVEY INTRODUCTION:
 Each year Jacon reaches out to our customers to understand the effectiveness of our quality, sales and service operations. We strive to continuously improve how we interact with your company and your responses help us to invest our resources in the right areas. We appreciate your time and response to these questions:

PLEASE CHECK THE BOX UNDER THE APPROPRIATE NUMBER, WITH "1" INDICATING DISPLEASED/LOW RANKING AND "5" INDICATING VERY PLEASED/HIGH RANKING.

- THESE QUESTIONS RELATE TO QUALITY PERFORMANCE:**
- | | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------------|------------------------------|--------------------------|--------------------------|--------------------------|
| 1. WHAT IS YOUR CONFIDENCE LEVEL IN JACON'S QUALITY SYSTEM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. HOW WELL DOES JACON RESPOND TO QUALITY ISSUES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. RANK JACON'S QUALITY PERFORMANCE COMPARED TO YOUR EXPECTATIONS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. RANK JACON'S OTD PERFORMANCE COMPARED TO YOUR EXPECTATIONS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ARE YOU REQUIRED TO BUY FROM AS9100 CERTIFIED SUPPLIERS | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | | |

- THESE QUESTIONS RELATE TO SALES & CUSTOMER SERVICE:**
- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6. WHAT IS YOUR PERCEIVED VALUE OF JACON SERVICE LEVELS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. COMPARED TO OUR COMPETITION, RATE JACON'S RESPONSE TIME TO QUOTES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. COMPARED TO OUR COMPETITION, RATE JACON'S THOROUGHNESS IN QUOTING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. COMPARED TO OUR COMPETITION, RANK THE EASE OF DOING BUSINESS WITH JACON | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. HOW WELL DOES JACON'S CUSTOMER SERVICE TEAM RESPOND TO ISSUES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. HOW LIKELY ARE YOU TO RECOMMEND JACON TO OTHER COMPANIES? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- THESE QUESTIONS RELATE TO VENDOR MANAGED SERVICES (ANSWER ALL THAT ARE APPLICABLE)**
- | | 1 | 2 | 3 | 4 | 5 |
|--|-----------------------------|------------------------------|--------------------------|--------------------------|--------------------------|
| 12. HOW WELL DOES JACON'S VMI STOCKING PROGRAM WORK FOR YOUR COMPANY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. HOW LIKELY ARE YOU TO RECOMMEND ADDITIONAL PRODUCTS FOR JACON TO MANAGE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. PLEASE RATE THE PROFESSIONALISM OF JACON'S VMI DELIVERY TEAM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. PLEASE IDENTIFY YOUR ABILITY TO PROVIDE PRODUCT FORECASTS (5 = EASY, 1 = HARD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. ARE YOU INTERESTED IN LEARNING MORE ABOUT JACON'S VMI SERVICE PROGRAMS? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | | |

- THESE QUESTIONS RELATE TO YOUR BUSINESS FORECAST**
- | | 1 | 2 | 3 | 4 | 5 |
|--|-----------------------------|------------------------------|--------------------------|--------------------------|--------------------------|
| 17. RANK EXPECTED BUSINESS GROWTH FOR NEXT YEAR (5 = AGGRESSIVE 1 = DECLINING) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. RANK HOW LIKELY YOU ARE TO GROW YOUR BUSINESS WITH JACON IN THE NEXT YEAR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. ARE THERE MORE PRODUCTS YOU WOULD LIKE JACON TO HANDLE FOR YOU | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | | |

PLEASE CONTINUE ON THE NEXT PAGE FOR ADDITIONAL COMMENTS AND FEEDBACK:



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We appreciate if you can elaborate on any of the survey items listed above, any topic you feel we have omitted or any suggestions you have to help us improve how we service your account. We value your comments and appreciate your time in completing this survey.

Comments: [Click here to enter text.](#)

NAME: [Click here to enter text.](#)

TITLE: [Click here to enter text.](#)