

Dear Mrs Gill + Mr Evans

Order Ref: 1407

Date: 14 Dec 2021

As a long established local company we are keen to continually improve our service by learning from our customers.

We would appreciate it if you would help us by describing your overall impression of our service from your recent experience with us.

This is the second time we have used Ashford. The service has been excellent and Stephen did his utmost to accommodate us with the dates for installation, given how busy it was.

The fitters, Tony and Gareth, did an excellent job. Overall we are really happy and have no hesitation in recommending Ashford.

Please tick the boxes under the appropriate headings to indicate your response to each question.

**Showroom experience**

|  | Excellent                           | Good                     | Average                  | Poor                     | Disappointing            |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| What was your impression of our showroom?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How would you describe our showroom staff? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Designer experience**

|  | Excellent                           | Good                     | Average                  | Poor                     | Disappointing            |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How effective were we in understanding and interpreting your requirements correctly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| To what standard were the plans and visuals presented to you?                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE TURN OVER

**Technical Survey & Paperwork**

|   | Excellent                           | Good                     | Average                  | Poor                     | Disappointing            |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How did you find the pre-installation survey? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How clear and thorough was our paperwork?     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Installation**

|  | Excellent                           | Good                     | Average                  | Poor                     | Disappointing            |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How would you describe the standard of installation work?                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How would you describe the overall level of service provided by the fitters? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Overall**

How would you rate our service and your experience?

| Excellent                           | Very Good                | Good                     | Average                  | Poor                     | Very Poor                | Disappointing            |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you recommend our services?

| Yes                                 | No                       |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Many thanks for completing our survey. Your feedback is very much appreciated.

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