

Customer Feedback Form



ARCHITECTURAL METALS INC.

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Thank you for choosing Atlas Architectural Metals, Inc. Your feedback helps us improve. Please take a moment to complete this form.

Date: _____

Customer Name (Optional): _____

Project/Job # (Optional): _____

1. Overall Performance Rating

On a scale of 1-5 (1 = Poor, 5 = Excellent), how would you rate our company's performance?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. Meeting Expectations

Did we meet your expectations for quality, timeliness, and service?

☐ Yes ☐ Partially ☐ No

If no or partially, please explain briefly:

3. Suggested Improvements

What can we do to better serve you in the future?

4. Additional Comments or Concerns

Thank you for your valuable input! We appreciate your partnership.