

Customer Review Form

| | | |
|----------------|-----------------------------------|----------------|
| Name: | [REDACTED] DENTAL CARE [REDACTED] | |
| Company: | DENTIST | |
| Address: | [REDACTED] | |
| Town: | GLOUCESTER | |
| City: | Post Code: | GL1 [REDACTED] |
| Date: | 3.12.12. | |
| Tel no: | 01452 3 [REDACTED] 0 | |
| email address: | | |

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Fax: 01452 303 612
www.proclene.com
email: reviews@proclene.com

How did you hear about us?

if you used a search engine what search term did you use?

Member of staff offered quote.

Would you recommend us to other businesses? if not please state where we failed.

Yes.

What service/s did we carry out?

carpet cleaning

What would you like to say to our potential customers?

Why did you choose Proclene?

Approach + Quote was good.

Did we give a clear indication of results that could be expected?

Yes.

How would you rate the finished results?

V.Bad / Bad / Poor / OK / Fair / Good / V.Good / Excellent / Outstanding

How would you rate our customer service?

V.Bad / Bad / Poor / OK / Fair / Good / V.Good / Excellent / Outstanding

Have you ever used another carpet cleaning company prior to using proclene? if yes how have we compared?

No.

(if you require more space please write on back of form)

Can our potential customers contact you to confirm what you have written about us?

YES / NO
(circle your choice)

Thank you for taking the time to fill in this survey