FONTT ENTERPRISES

CLIENT FEEDBACK FORM

1) Date of Event at which Fontt Enterprises worked: ……

2) Nature of Event (e.g. Birthday, etc): ……

3) Venue of the Event: ……..

4) Organisers of the Event: ……

5) Name & Phone no. of contact person: ……..

6) How did you first get to know about Fontt Enterprises (please tick): □ Flyer
□ e-mail □ SMS □ Word of mouth □ State any other method
…….

7) How would you rate your level of satisfaction with the goods and services offered by Fontt Enterprises at the Event (please tick):
□ Dissatisfied □ Merely Satisfied □ Satisfied □ Delighted

Brief reason for your rating in 7 above:

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8) Would you call Fontt Enterprises for a next event of yours, or recommend us to a friend based on good performance (please tick): □ Yes □ No

Any other comments or observations: ……..

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Name & Signature of person completing this questionnaire:

……. ……..

Please return this form after completion to Fontt Enterprises. You can also call us to pick up the form.