

Quality of Service Feedback

Date: _____
Company: _____
Country: _____
Contact person: _____
Job.Title: _____
Telephone No. : _____

What 's the items you buy from us: _____

Payment term of this order : ☐T/T ☐L/C ☐Others _____

If delivery on time? ☐Yes ☐No _____ (How many days delay?)

When did you received the goods? _____

If the total quantity correct? ☐Yes ☐No _____ (Quantity of shortage)

How about the quality of the goods? ☐Excellent ☐Good ☐Bad ☐Too bad

Any suggestion to the goods?

What is our employee or manager's name who contact you during this order? Mr. _____

Any suggestion to our Employee or Manager?

Give the star to our Employee or Manager.

☐★★★★★Excellent ☐★★★★ Good ☐Bad ☐Too bad

After-sale Service Department of China Tongcheng Tianbai Plastic Company

Thank you very much for you filled the above form and feedback to us.

We will continue to improve our quality of service base your feedback.

Scan copy please send to: admin@chnpack.com

Fax copy please send to: 00862161927529