

Post Season Follow-Up Questionnaire

Customer:	Account #:	Date:
Season: () Planting () I	Hay []Harvest [] Mowing	() Spraying () Other
1. Did we inspect equipment p Comments:	orior to season? []Yes [] No	Was it valuable for you? [] Yes [] N
2. Did you experience any dov Comments:	wntime? [] Yes [] No If ye	es, what occurred?
3. Did we have the parts that Comments:	you expected us to have? ()Yes	() No If no, what parts?
4. Did you experience issues r Comments:	eaching any of our departments?	[] Yes [] No If yes, what were issues
5. Did you have the need for a Comments:	ofter hours parts or service? [] Y	res [] No If yes, what did you need?
6. What do you like best abou	t Finch Services / What you miss th	ne most if it was stopped?
7. What improvements are ne	eded?	
8. Do you use eServices? (Comments:	Yes () No If no, have you b	peen told of the benefits? []Yes [] No
9. Do you view Finch Services Comments:	as a trusted partner? [] Yes [) No
10. General Comments:		