## **FEEDBACK FORM**





In order to improve our CHEMSOLUTE® program, we would like to ask you for a short feedback on the sample that you have received from us. Please return the filled out form to your sales representative or send it to us by e-mail to **pmchemsolute@thgeyer.de** or by fax to **+49 7159 1637-706**. Thank you!

Name of the product & Art. no.			Company			
Batch no.			Customer no. / Contact partner			
Purpose of the CHEMSOL	UTE® sample test:					
☐ General test	☐ Batch test	☐ Product range extensio		on		
What is your first reaction to the product?						
☐ Positive	☐ Rather positive	□ Neutral		☐ Rather negative	☐ Negative	
How would you rate the o	quality of the product?					
☐ Very high	□ High	□ Neutral		□Low	☐ Very low	
How often do you current	:ly use comparable competi	tive products?				
□ Always	☐ Often	☐ Occasionally		□ Rarely	□ Never	
Would you use our product instead of competitive products?						
☐ Most likely	☐ Rather likely	☐ Maybe		☐ Rather unlikely	☐ Hardly likely	
Which two aspects are particularly important to you when considering new products in this area?						
☐ Price	☐ Quality	☐ Brand		☐ Benefit	☐ Other	
If "other": Please note here your important aspects:						
Please rate your demand	for the tested product:					
☐ Very high	□ High	☐ Occasionally	/	□ Rarely	□ Never	
How likely is it that you w	vill recommend the product	t to others?				
☐ Most likely	Rather likely	□ Maybe		☐ Rather unlikely	☐ Hardly likely	





Please describe what you like best about this product:
Which information about the product or on the packaging is particularly important to you?
Did you miss any information about the product or on the packaging?
What do you like better about comparable competitive products, how can we optimize our product?
Do you have any additional comments on the product?

SEND FEEDBACK