**Business Product Survey Form**

**Business Information
Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Product Evaluation Table**

| **Product Feature** | **Satisfaction (1-5)** | **Notes** | **Improvement Suggestions** |
| --- | --- | --- | --- |
| **Packaging** |  |  |  |
| **Pricing** |  |  |  |
| **Usability** |  |  |  |
| **Delivery Process** |  |  |  |

**Overall Feedback
How likely are you to continue using this product? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Would you recommend this product to others? [ ] Yes [ ] No**

**Authorization
[ ] I confirm that the provided feedback is accurate.
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**