

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: _____