

Sales Customer Evaluation Form

Customer Details

- Customer Name: _____
- Contact Number: _____
- Company Name: _____

Sales Representative Information

- Name of Representative: _____
- Date of Interaction: _____

Customer Feedback

Aspect Evaluated	Criteria	Rating (1-5)	Comments
Communication Skills	Clarity and professionalism		
Responsiveness	Timeliness in addressing concerns		
Product Knowledge	Ability to explain product benefits		
Follow-Up	Ensured follow-up and resolution of issues		

Additional Feedback

What did you like most about the interaction?

What areas can be improved?

Customer Signature

Signature: _____

Date: _____