

# Freight Forwarding Customer Satisfaction Form

Company Name

Contact Person

Email

Phone Number

**Service Used**

**How satisfied are you with our service?**

☐

Very Satisfied

☐

Satisfied

☐

Neutral

☐

Dissatisfied

☐

Very Dissatisfied

Timeliness of Delivery

Communication & Updates

Problem Handling/Resolution

Would you recommend our services to others?

Comments, Suggestions, or Areas for Improvement