

Dear Customer,

As part of our ongoing Quality Assurance Program and in an effort to improve our services we would appreciate your Feedback on your moving experience. Please take a few minutes to asswer the survey below. Your feedback will help us to provide outstanding service to our valued constormers.

Office: 1-809-310-6026 - Fax: 1-954-503-397

| 1. | How was | ild you rat | e the m | iovii | ig team | who del | ivered your items? | |
|----|-----------|-------------|---------|-------|---------|----------|----------------------------------|-----|
| 6 | Excellent | 25) | 4 | 3 | 2 | 1 | Needs Improvements | |
| 2. | Were you | contacted | on the | day | before | delivery | to notify you of the arrival tis | me' |
| 1 | Yes | No | | | | | | |
| | | | | | | | | |



Would you recommend our service to a friend?
Yes No
where the service to a friend?
Yes No
where the service of a friend?

Vour Named I (Grad Frei rigg Driver's Name:

Order #: Date of Delivery: & 2000 09

Thank you for taking the time to complete this survey and for helping us to make Nationwide Van Lines, Inc the best moving company it can be.