

EXTERIOR LANDSCAPING CLIENT QUESTIONNAIRE – FALL 2010

Account Number & Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Date: \_\_\_\_\_

Please make additional changes  
or update information below.

- How would you rate the overall appearance of the landscape we are maintaining for you?  
 Excellent    Good    Fair    Poor
- How would you rate our response time to your questions or requests?  
 Excellent    Good    Fair    Poor
- How would you rate the service being provided by our maintenance crew?  
 Excellent    Good    Fair    Poor
- Does your landscape crew behave professionally while on your property?  
 Yes    No   Comments: \_\_\_\_\_  
\_\_\_\_\_
- Does your customer service representative communicate with you regularly?  
 Yes    No   Comments: \_\_\_\_\_  
\_\_\_\_\_
- Has Plantscapes been proactive in suggesting ways to enhance or improve the overall appearance or design of your landscape?  
 Yes    No   Comments: \_\_\_\_\_  
\_\_\_\_\_
- Other than your maintenance crew, how would you rate the overall performance of other members of the Plantscapes team with whom you have had contact?  
 Excellent    Good    Fair    Poor  
Comments: \_\_\_\_\_
- Do you have any requests or suggestions that would enhance your level of satisfaction with the service you are receiving from Plantscapes?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Please help us update our client database by providing any additional contact information:

**Service Contact Name** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Billing Contact Name** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_