

**INTERIOR PLANT MAINTENANCE SERVICE 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 plants 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 technician?  
 Excellent    Good    Fair    Poor
  
- Does your technician conduct him/herself professionally while on your property?  
 Yes    No   Comments: \_\_\_\_\_  
\_\_\_\_\_
  
- Does your customer service representative or maintenance supervisor communicate with you as often as you'd like?  
 Yes    No   Comments: \_\_\_\_\_  
\_\_\_\_\_
  
- Has Plantscapes been proactive in suggesting ways to enhance or improve the overall appearance or design of your interior landscape?  
 Yes    No   Comments: \_\_\_\_\_  
\_\_\_\_\_
  
- Other than your maintenance technician, how would you rate the overall performance of other members of the Plantscapes team with whom you have had contact?  
 Poor    Fair    Good    Excellent  
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: \_\_\_\_\_