

PRODUCT EXPERIENCE FEEDBACK

Please use this form to advise us of any information related to the quality of our products and how we might improve your usage and satisfaction.

Organization Name _____ Date _____

Name _____ Position _____

Email Address _____ Tel. No. _____ Fax No. _____

1. What product(s) have you purchased from Mui Scientific (or its distributor)?

Pumps: _____ Catheters: _____ Other: _____

2. Rate Mui Scientific's service and/or products? (1- poor, 10 – excellent)

Quality: 1 2 3 4 5 6 7 8 9 10 Delivery: 1 2 3 4 5 6 7 8 9 10
Price: 1 2 3 4 5 6 7 8 9 10 Service: 1 2 3 4 5 6 7 8 9 10

3. Comments? Suggestions?

Please kindly fax back to (905) 890-3523. Or e-mail to mail@muiscientific.com .

Thank you for your continued business.