

Wally Wash Limited

Customer Comment Card

Help us to Serve You Better

Please complete this form and drop it in our comment box.

Date: _____ **Time:** _____

QUALITY	Excellent	Good	Fair	Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLEANLINESS	Excellent	Good	Fair	Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICES USED:

WashBay	Vacuum	Fragrance	Petwash	Vending
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS / PROBLEMS:

Name: _____

Phone: () _____ -- _____

Do you wish to be contacted? ___ **Time:** ___:___