



FEEDBACK FORM



Name:

Contact:

Email:

City:

How often you eat any Mouth Freshener?

- Hourly
- 1 to 3 Hourly
- 4 to 5 Hourly
- 6 to 10 Hourly
- Only once In a day

Please rate from 1-5 accordingly (1-Poor, 2-Fair, 3-Good, 4-Best, 5-Extreme)

Taste	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Best	<input type="checkbox"/> Extreme
Packing	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Best	<input type="checkbox"/> Extreme
Value for money	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Best	<input type="checkbox"/> Extreme
Product appearance	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Best	<input type="checkbox"/> Extreme
Quality	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Best	<input type="checkbox"/> Extreme
Freshness of product	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Best	<input type="checkbox"/> Extreme

What you like the most about our product?

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What you did not like about our product?

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Would you like to suggest any other type of Mouth Freshener for us to manufacture?

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Can we contact you if more information is needed? Yes No

Would you recommend our product to other people? Yes No

Is it ok if we post your valuable comment about our product on our website or facebook page? Yes No

Comments/Suggestions:

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