



## Warranty Registration/Customer Satisfaction Survey

### Vacuum Pump Warranty Registration

Thank you for selecting ADVACO to rebuild your vacuum pump. So that we may serve you more effectively please provide the information requested below and return to your ADVACO representative. *Completing the customer satisfaction survey as well will further assist us in making improvements to our products and services.*

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pump Manufacturer: \_\_\_\_\_

Pump Model #: \_\_\_\_\_ Pump Serial #: \_\_\_\_\_

ADVACO Reference #: \_\_\_\_\_ Date Installed: \_\_\_\_\_

### Customer Satisfaction Survey

	Excellent	Average	Poor
ADVACO Customer Service Was courteous and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADVACO understood your requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADVACO responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance of product when received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall ADVACO performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Comments:

**Thank you! Please direct additional comments to your ADVACO sales representative.**

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