



# *Customer Appreciation Program*



*Sales Excellence Training Program*

# CONTINUOUS SATISFACTION

## Survey

CUSTOMER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### SYSTEM TYPE AND INSTALLATION DATE

MCU Type: \_\_\_\_\_

Date Installed: \_\_\_\_\_

### SECURITY SERVICE SATISFACTION

Have you had any recent service issues?  Yes  No  N/A

If yes, are those issues now corrected?  Yes  No  N/A

Have you had any false alarms?  Yes  No  N/A

If yes, do you know what caused them?  Yes  No  N/A

If yes, is that corrected now?  Yes  No  N/A

Do you know what to do if your alarm goes off?  Yes  No  N/A

May I review the calling procedures with you?  Yes  No  N/A

Do you have our local branch phone number?  Yes  No  N/A

May I place a business card on your panel with our branch number?  Yes  No  N/A

May I replace your yard signs and decals with fresh new ones?  Yes  No  N/A

May I update your call list names to ensure we have the correct information?  Yes  No  N/A

Have you replaced the batteries in your smoke detectors in the last 6 months?  Yes  No  N/A

Have you tested your system within the last month?  Yes  No  N/A

Are you getting the maximum discounts from your insurance company?  Yes  No  N/A

May I complete an alarm certificate for your carrier to ensure you are?  Yes  No  N/A

On a scale of 1 (worst) to 10 (best), how would you rate us?

How can we get that to a 10?

### CUSTOMER CARE VISIT

System Test  System Education  Yard Signs  Decals  Security Review  Fire Review

Customer Needs:

### TECHNOLOGY UPDATE

Automation  Video  Fire Safety  Cellular  Wi-Fi  Doorbell  Other:

Suggested Products & Services:

## EMERGENCY CALL LIST

### *Friends*

Name	Phone #	Finalist			
1.					
2.		Call			
3.		1	2	3	4

### *Family*

Name	Phone #	Finalist			
1.					
2.		Call			
3.		1	2	3	4

### *Co-Workers*

Name	Phone #	Finalist			
1.					
2.		Call			
3.		1	2	3	4

### *Neighbors*

Name	Phone #	Finalist			
1.					
2.		Call			
3.		1	2	3	4

## REFERRALS

Customer Referral Program Explained

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

## INSURANCE AGENT (ENSURE GETTING MAXIMUM DISCOUNT)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Notes: \_\_\_\_\_

## SECURITY DESIGN

K = Keypad	D = Door contact	C = Control panel	W = Window contact	G = Glass break
S = Sounders	M = Motion detector	F = Smoke detector	H = Heat detector	HS = Horn Strobe
P = Pull station	CA = Camera	MO - Monitor	NVR = NVR	Z = Z-Wave® device
AD = Access Door	R = Reader	PB = Panic Button	DC = DualCom™	CE = Critical Equipment

DESCRIPTION	INSTALLATION FEE	MONTHLY SERVICE
Plus applicable sales tax		

Comments or special instructions:

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Security Consultant
Phone Number
Accepted By
Date

Residential

**PRICES GOOD FOR 30 DAYS**

