

# Marubeni Citizen-Cincom Inc.

40 Boroline Road, Allendale, NJ 07401 • 201-818-0100 • Fax: 201-818-1877

## NEW CINCOM SURVEY

To be completed by the person responsible for selecting and purchasing your new CINCOM. Please circle your answers (1 being the lowest, 5 being the highest) and fill in the blanks where appropriate. Thank you.

### 1. How would you rate the DEALER through whom you purchased your CINCOM?

- a. Please rate the availability of someone to speak with when you have a question 1 2 3 4 5
- b. How do you feel they will be able to serve you in the future? 1 2 3 4 5
- c. What is the name of your Dealer? \_\_\_\_\_

### 2. How would you rate the SALESPERSON who sold you your CINCOM in the following areas?

- a. Understanding your business and your specific needs 1 2 3 4 5
- b. Relationship with your salesperson 1 2 3 4 5  
*How long have you known your salesperson? \_\_\_\_\_*
- c. Listening to you and doing his/her best to provide you with the turning center and options that best met your needs 1 2 3 4 5
- d. Knowledge of competitive equipment 1 2 3 4 5
- e. Knowledge of your model and its features and capabilities 1 2 3 4 5
- f. Ability to operate and demonstrate the equipment and its software 1 2 3 4 5
- g. Knowledge of your CINCOM'S warranty coverage and service needs 1 2 3 4 5
- h. Time it took your salesperson to get you an estimate 1 2 3 4 5
- i. Knowledge of financing and leasing options 1 2 3 4 5

### 3. Did your salesperson offer you a live DEMONSTRATION on a CINCOM?

YES NO

*If yes:*

- a. Did you accept? YES NO
- b. How well did the demonstrated work apply to your needs? 1 2 3 4 5
- c. Were you able to try out your own job? YES NO
- d. How important an aspect of your purchasing decision was the demo? 1 2 3 4 5

### 4. FINANCIAL:

- a. Did you buy or lease your new CINCOM? BUY LEASE
- b. Did you trade in any equipment as part of the deal? YES NO  
*If so, what equipment? \_\_\_\_\_*  
\_\_\_\_\_
- c. Did you replace any equipment when you purchased your new CINCOM? YES NO  
*If yes, please indicate make and model \_\_\_\_\_*
- d. How did the CINCOM you purchased compare to other equipment you were offered price wise? 1 2 3 4 5

- |   |     |    |   |   |   |
|---|-----|----|---|---|---|
| e. How did the CINCOM you purchased compare to other equipment you were offered value wise?   | 1   | 2  | 3 | 4 | 5 |
| f. Did you finance your purchase of this equipment?   | YES | NO |   |   |   |
| <i>What was the main reason or factor?</i> _____  |     |    |   |   |   |
| _____   |     |    |   |   |   |
| g. Overall, how comfortable were you with the way your dealer worked with you to determine the final price or monthly payments for your new CINCOM? | 1   | 2  | 3 | 4 | 5 |

**5. OTHER SALES STAFF:**

- |  |     |    |   |   |   |
|--|-----|----|---|---|---|
| a. In addition to your sales person, did you talk to a Sales Manager or other Senior Staff working for the dealer? | YES | NO |   |   |   |
| <i>How satisfied were you with their performance?</i>  |     |    |   |   |   |
|  | 1   | 2  | 3 | 4 | 5 |
| b. Did you talk to anyone representing Marubeni Citizen?   | YES | NO |   |   |   |
| <i>How satisfied were you with their performance?</i>  |     |    |   |   |   |
|  | 1   | 2  | 3 | 4 | 5 |

**6. Overall, how would you rate all the staff at your Dealer in:**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. Making you feel comfortable  | 1 | 2 | 3 | 4 | 5 |
| b. Working as a team to best satisfy you  | 1 | 2 | 3 | 4 | 5 |
| c. Making you confident that this was the right equipment for your particular needs | 1 | 2 | 3 | 4 | 5 |
| d. Handling your purchase in a timely and professional manner                       | 1 | 2 | 3 | 4 | 5 |

**7. DELIVERY & INSTALLATION of your new CINCOM:**

- |  |     |    |   |   |   |
|--|-----|----|---|---|---|
| a. Please rate the delivery schedule                               | 1   | 2  | 3 | 4 | 5 |
| b. Was your machine delivered to you on time?                      | YES | NO |   |   |   |
| c. Please rate the riggers who delivered your machine              | 1   | 2  | 3 | 4 | 5 |
| d. Was there any damage to your CINCOM?                            | YES | NO |   |   |   |
| e. Did the installers arrive at your facility when expected?       | YES | NO |   |   |   |
| f. Please rate your installers                                     | 1   | 2  | 3 | 4 | 5 |
| g. Were there any problems in the installation?                    | YES | NO |   |   |   |
| <i>If so, please explain:</i> _____                                |     |    |   |   |   |
| _____  |     |    |   |   |   |
| h. Did all the parts & accessories for your CINCOM arrive on time? | YES | NO |   |   |   |

**8. Was ON SITE TRAINING provided for you after installation?**

- |  |     |    |   |   |   |
|--|-----|----|---|---|---|
| <i>If yes:</i>   | YES | NO |   |   |   |
| a. Was the equipment service schedule explained to you?          | YES | NO |   |   |   |
| b. Were all the operating controls explained to you?             | YES | NO |   |   |   |
| c. Was the software interface explained to you?                  | YES | NO |   |   |   |
| d. Were you able to operate your machine by yourself afterwards? | YES | NO |   |   |   |
| e. How would you rate the training you were provided with?       | 1   | 2  | 3 | 4 | 5 |



**14. So that our records are up to date, please provide your address and contact information:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Primary contact for your equipment: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**15. Please describe your industry:**

- a. \_\_\_ Automotive
- b. \_\_\_ Medical
- c. \_\_\_ Aerospace
- d. \_\_\_ Job Shop

**16. Finally, please tell us if there is anything else we can help you with:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you very much for your time and effort.  
Please mail your completed survey to  
Marubeni Citizen-Cincom, Attn: Cincom Survey at the address below*