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PLEASE FAX YOUR RESPONSE BACK TO: 909-628-5363

SAMPLE EVALUATION FORM

EVALUATION DATE _____ INVOICE NO. _____

COMPANY NAME _____ WEBSITE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

REVIEW PERSON: FIRST _____ LAST _____

TITTLE: BUYER ENGINEER OWNER SALES PRODUCTION OTHER _____

PRODUCT MODEL: _____ DESC. _____

EASE OF DONNING & DOFFING: POOR FAIR GOOD EXCELLENT

OVERALL DESIGN: POOR FAIR GOOD EXCELLENT

STICHING QUALITY: POOR FAIR GOOD EXCELLENT

HARDWARE QUALITY: POOR FAIR GOOD EXCELLENT

LABELING: POOR FAIR GOOD EXCELLENT

COMMENTS

WHAT DO YOU LIKE BEST ABOUT THE PRODUCT?

1. _____

2. _____

3. _____

WHAT DO YOU DISLIKE ABOUT THE PRODUCT?

1. _____

2. _____

3. _____