

Russell A. Farrow (U.S.) Inc. Driver Survey

"Help us rate our services"

Please take a few minutes to complete the following short questionnaire. Your answers will help us ensure that the level of service we provide meets your expectations. If you prefer please submit your survey via fax directly to: **Fax number 734-955-9103 Attn: Stephen Cortelli.**

Date: _____ Time: _____ am/pm Port of Entry _____

Carrier Name: _____ SCN: _____

Importer Name: _____

Driver Name: _____ Phone Number: _____
(Please Print)

Questions:

1. Did you confirm receipt and status of your SCN prior to arrival? YES NO

If YES did you confirm by:

- Checking our website <http://tracking.farrow.com/paps.html> or www.farrow.com
- By Phone

2. How long did you have to wait to use our KIOSK?

10 minutes or less 20 minutes or less More than 20 minutes

3. Were the KIOSK user instructions clear and easy to follow? YES NO

Comments: _____

4. Were you treated in a professional manner throughout your release process? YES NO

Comments: _____

5. Were you referred to a sub-agent? YES NO

6. How would you rate the service you received overall?

Excellent Good Fair Poor

Comments: _____

