Viamed Product Trial Customer Feedback Form

You recently trialled one of our products and we would be grateful if you could take a few moments to provide us with your valued feedback on the product? Your comments are appreciated and will be utilized for ongoing product development.

Conta	ntact Details:	
Conta	ntact: Position:	
Depar	oartment: Organisation	:
Tel No	No Email:	
Produ	duct Details:	
Produ	duct on Trial: Length of tria	l period:
Feedb	edback Questions:	
1.	1. What did you like about the product?	
2.	2. What did you dislike about the product?	
3.	3. What would you improve about the product?	
4.	4. How does the product compare with similar ones on the reliability and price etc?	e market in terms of quality,
	reliability and price etc:	

NB: Please feel free to name other products you compare our product to.

Thank you for taking the time to complete this product trial feedback form. Should you like further information on any of our other products, please do not hesitate to contact a member of our sales team on +44 (0)1535 634542; between the hours of 08:00 and 17:30.

