



PROCESS CONTROL CORPORATION

Customer Information

Date:

Company Name: _____ City: _____ State: _____
Contact Name: _____ Number: _____

Updated Customer Information

Has the company name changed? ☐ Yes ☐ No If yes, explain: _____

Did they merge with another company? ☐ Yes ☐ No If yes, explain: _____

Did the company go out of business? ☐ Yes ☐ No
Has the contact changed? ☐ Yes ☐ No Name: _____
Number: _____

Questionnaire

Are you happy with your PCC equipment? ☐ Yes ☐ No
If yes, explain: _____

Are you pleased with PCC as a company? ☐ Yes ☐ No
If no, explain: _____

Why do you no longer do business with PCC? _____