



SUPPORT QUESTIONNAIRE

PERSONAL DATA

Title:

First Name / Last Name:

Company / Organization:

Position / Job:

Address:

ZIP Code / Town:

Country:

Telephone:

Fax:

Email:

QUESTIONS

- 1 Which IFEX System(s) do you own / use? (if you have more than one please provide full description)

- 2 Where did you buy your IFEX System(s) from?

- 3 When did you buy your IFEX System(s)?

- 4 How often do you use your IFEX System(s) in real fire situations?

- 5 How often do you practice with your IFEX System(s)?

- 6 If you do not use your IFEX System(s) often, could you please tell us the reasons?

- 7 When and in which real situations are you using or have you used your IFEX System(s)?

QUESTIONS

- 8 Are you satisfied by IFEX Technologies and the use of your IFEX System(s)? YES NO
If you are not satisfied could you please tell us the reasons why?

- 9 Have you been trained by an IFEX Authorized and Specialized Instructor? YES NO
- 10 Do you have an IFEX Certificate of Expertise for using IFEX Technologies? YES NO
- 11 Do you think you may need additional training seminar? YES NO
We can organize that for you free of charge at our premises or at minimum cost at your premises.
- 12 Do you require maintenance for your IFEX System(s)? YES NO
What is the problem / malfunction with your IFEX System(s)?

- 13 How often do you perform service on your IFEX System(s)?

- 14 Do you have a valid guarantee? YES NO
- 15 Do you wish for an extension of guarantee and / or maintenance contract for additional 5 years? YES NO

YOUR REAL STORY

Could you please send us your Real Story / Stories of using IFEX System(s) in fire situation for publishing it on our on-line "Book of Heroes"?
