



D.G.M. Distribution

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VENDOR EVALUATION FORM

DGM Distribution is committed to provide the best services to its clients, and supporting them in every way possible. Being our valuable client and business partners, we would be glad to hear your feedback, and your suggestions are highly appreciated.

For these reasons, we are asking you to provide necessary information in this evaluation.

DGM Sales Representative: _____

Date: _____

Customer Name: _____

Customer Code: _____

Please check the appropriate box:

	Outstanding (5)	Very Satisfied (4)	Satisfied (3)	Somewhat Dissatisfied (2)	Very Dissatisfied (1)
Product Satisfaction					
Quality of the products					
No substitutions					
No damages					
Packaged properly					
Customer Service					
DGM's representative was courteous, helpful and professional.					
Quotations/Tenders were submitted before deadline or in earliest time possible					
Phone calls or emails handled promptly					
Replaced rejected items					
Handles complaints properly					
Complete Orders					
Competitiveness of Price					
Competitiveness of Terms and Conditions					
Minimum Backorders					
Deliveries without continual follow-up					
Deliveries					
Note: (5) = On or before delivery date, (4) = 1-3 days late, (3) = 4-7 days late, (2) = 8-10 days late, (1) = over 11 days late					
Product was delivered in a timely manner					
Overall Satisfaction & Recommendation of Vendor					
Overall performance relative to your request for goods/services					

Column Total: _____

Total: _____

Other Comments: