

OTH Customer/Member Comment Card

Customer Name:	
Email:	
Phone #:	
Mailing Address:	
Service Provided:	
Date:	Time:

Check the Box that Fits Your Answer	Excellent	Good	Average	Poor	N/A
Professionalism:					
Attitude:					
Attentiveness:					
Efficiency:					
Environment:					
Over All Experience:					

Comments:			

Action Step(s)					
Returning Soon	□ Never Returning	□ Informed A Manager			
□ Will Purchase Again	□ Never Purchasing Again	□ Will Recommend			

Please Send Back To Over The Horizons PO BOX 579 Neosho, MO. 64850

Form #: CMCMTFM2020 - REV Date: 05/21/2021