

Experience Survey



Please let us know about your experience with Burt Ladner Real Estate.

LISTING ADDRESS _____

CITY _____ STATE _____ ZIP _____

FIRST NAME _____ LAST NAME _____

EMAIL _____

Client Type Buyer Seller

Please select the option that is most descriptive of the service you received from us.

	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems Handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied are you with our company overall?

- Very Satisfied
- Satisfied
- Somewhat Satisfied
- Not Satisfied

Would you feel comfortable recommending our services to your friends, family and colleagues?

- YES
- NO

We'd love for you to write a brief testimonial of the service we provided you!

We value our preferred vendor relationships and want to ensure you are getting the best experience ever!

How did you feel about everyone else involved?

	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
Loan Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Agent(s)/Team Worked With

NAME _____


NAME _____


COMPLETE BY HAND & EMAIL

1



2





info@burtladner.com