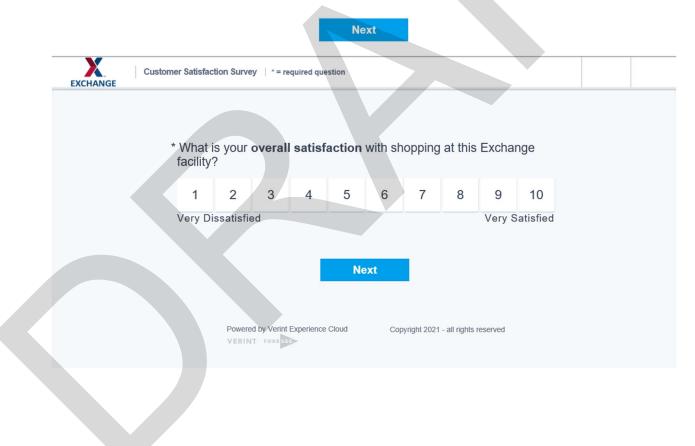


OMB NO. 0702-0130, OMB APPROVAL EXPIRES xxx xx, xxxx

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INSTRUCTION: Please think about your last shopping experience at an Exchange facility when answering the questions on the survey. Questions are optional. To start survey, click the Next button below. When complete, please press submit.



EXCHANGE	Customer Satisfaction Survey * = required question	
	* Please rate whether the merchandise you wanted was in stock.	
	1 2 3 4 5 6 7 8 9 10 Applic	
	Strongly Disagree Strongly Agree	
	Next	
X	Customer Satisfaction Survey * = required question	
EXCHANGE		
	* Please rate the value of the merchandise for its price.	
	1 2 3 4 5 6 7 8 9 10 Applic	
	Very Low Value Very High Value	
1	Next	
	ΝΟΛΙ	
X	Customer Satisfaction Survey * = required question	
EXCHANGE		
	* Diagon rate the clear linear of the facility	
	* Please rate the cleanliness of the facility.	
	1 2 3 4 5 6 7 8 9 10 Applic	
	1 2 3 4 5 6 7 8 9 10 Applic able Not At All Clean Very Clean	
	able	
	able	
	Not At All Clean Very Clean	

	Customer Satisfaction Survey * = required question
	* Please rate your experience with our checkout.
	Not
	1 2 3 4 5 6 7 8 9 10 Applic able
	Poor Excellent
	Next
	NEAL
EXCHANGE	Customer Satisfaction Survey * = required question
	* Please rate the availability of our store associates.
	1 2 3 4 5 6 7 8 9 10 Applic able
	Poor Excellent
	Next
X	Customer Satisfaction Survey * = required question
EXCHANGE	
EXCHANGE	
EXCHANGE	* Plazza rata aur associata friendlingsa
EXCHANGE	* Please rate our associate friendliness.
EXCHANGE	1 2 3 4 5 6 7 8 9 10 Applic
EXCHANGE	Not
EXCHANGE	1 2 3 4 5 6 7 8 9 10 Not able
EXCHANGE	1 2 3 4 5 6 7 8 9 10 Not able

EXCHANGE	er Satisfaction Survey * = required question	
	Do you have any additional comments or suggestions? Please do not include any Personal Identifiable Information (PII).	
	Type your answer here 1024 Characters Remaining Submit	