



# Secret Shopper Evaluation Form

**Instructions:** Please fill this Form out on the **same day** as your visit. Complete the Form by checking the appropriate boxes. A score of 5 = Excellent; a score of 1 = Poor. Once completed, mail the Form and the Paid Receipt to **MCW, 5120 W. El Camino Del Cerro, Tucson, AZ 85745**. Be sure to include your mailing address. Once received, we will mail you a **\$10 Gift Card** for your efforts. Evaluations can be completed no more than 2x per year (per address). Your Evaluations will be kept **confidential**, so please answer with thought and honesty. Gift Cards are only mailed with proof of purchase (receipt attached).

**Your Information:**

Street Address:

City:  State:  Zip:

**Evaluation:**

What Service did you receive?

Date of your paid visit:  Location:

Please time your wash from the moment you exit your car to completion. Time:  minutes

*Please check the box that applies: 5 = Excellent; 1 = Poor*

	5	4	3	2	1
Were you QUICKLY greeted by a Sales Person? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the Sales Person FRIENDLY? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the Sales Person KNOWLEDGABLE? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it SIMPLE and EASY to choose your Wash Service? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the Cashier FRIENDLY? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the Staff FRIENDLY? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you "thanked" upon leaving? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did we lay down a towel for you (to wipe your feet)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did we close your door for you? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the Facility look clean and neat? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the Staff look clean and neat? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How was the QUALITY of our vacuuming? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How was the QUALITY of your windows? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your car clean, dry and shiny? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How was the QUALITY of your wheels and tires? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the Glass Salesperson Friendly & Helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please check the boxes that apply:**

How often do you wash your car?  1x/week  2x/month  1x/month  Several times a year

What are the main reasons you choose Metro Car Wash? (check all that apply; circle the most important)

Close to home   
  On way to work   
  Convenient   
  Low Prices  
 Wash Quality   
  Friendly Service   
  Speed of Service   
  Other \_\_\_\_\_

Comments:

---



---