



# 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<br>(5) | Very Satisfied<br>(4) | Satisfied<br>(3) | Somewhat Dissatisfied<br>(2) | Very Dissatisfied<br>(1) |
|---|--------------------|-----------------------|------------------|------------------------------|--------------------------|
| <b>Product Satisfaction</b>   |                    |                       |                  |                              |                          |
| Quality of the products   |                    |                       |                  |                              |                          |
| No substitutions  |                    |                       |                  |                              |                          |
| No damages  |                    |                       |                  |                              |                          |
| Packaged properly   |                    |                       |                  |                              |                          |
| <b>Customer Service</b>   |                    |                       |                  |                              |                          |
| 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   |                    |                       |                  |                              |                          |
| <b>Complete Orders</b>  |                    |                       |                  |                              |                          |
| Competitiveness of Price  |                    |                       |                  |                              |                          |
| Competitiveness of Terms and Conditions   |                    |                       |                  |                              |                          |
| Minimum Backorders  |                    |                       |                  |                              |                          |
| Deliveries without continual follow-up  |                    |                       |                  |                              |                          |
| <b>Deliveries</b>   |                    |                       |                  |                              |                          |
| 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  |                    |                       |                  |                              |                          |
| <b>Overall Satisfaction &amp; Recommendation of Vendor</b>  |                    |                       |                  |                              |                          |
| Overall performance relative to your request for goods/services   |                    |                       |                  |                              |                          |

Column Total: \_\_\_\_\_

Total: \_\_\_\_\_

Other Comments: