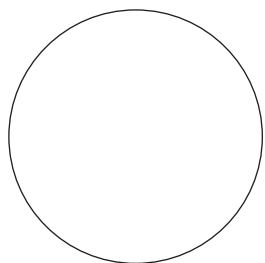


CUSTOMER SERVICE INDEX CARD



THANK YOU
for completing the attached
Customer Satisfaction Card.

ATTN: NETWORK CUSTOMER SERVICE
AUTOMOTIVE DISTRIBUTION NETWORK
3085 FOUNTAINSIDE DR., SUITE 210
GERMANTOWN TN 38138-9967

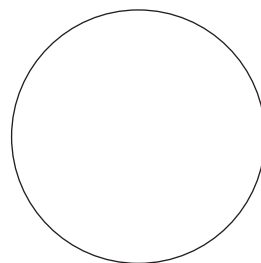


BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 9419 GERMANTOWN TN

POSTAGE WILL BE PAID BY ADDRESSEE



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**To help us better serve you,
please complete the attached
Auto Service Experts
Customer Satisfaction Card.**

Please Print

Customer Name: _____ Phone: (____) _____

Address: _____

City: _____ St: _____ Zip: _____

Shop Name: _____ Shop Phone: (____) _____

Work Order/Invoice #: _____ Date: _____

Please help us serve you better by answering the following:

- How would you rate this shop? (circle one)
Excellent Good Fair Poor
- Were you satisfied with the repair work?
YES NO
- Was the staff courteous and knowledgeable?
YES NO
- Was the shop's estimate accurate?
YES NO
- If additional work was necessary, were you consulted?
YES NO N/A
- Was the facility clean & neat?
YES NO
- Was your vehicle ready on time?
YES NO
- Was it easy to schedule an appointment?
YES NO N/A
- Would you recommend friends/family to this facility?
YES NO

If NO, please provide an explanation: _____

Comments/Improvements/Suggestions: _____

Thank you for responding to us. We appreciate your business and hope you will call on us again for service and repair work.

ASE-7400