

MYSTERY SHOPPING - ORDER FORM



Advice, Awareness, Connect, Collaborate

PLEASE SUPPLY A CUSTOMER SERVICE & SALES EVALUATION FOR THE FOLLOWING FACILITIES:-

	Facility - Name	Phone	Address	Number of Calls (if appl. Or NA)	Number of Visits (if appl. Or NA)	Staff to be included	Other Relevant details incl: Office hours: Roster details: Due Dates etc.	Audio Required Yes / No ? (Release form must have been signed)
1.								
2.								
3.								
4.								
5.								

Approved by:- (SSAA Staff Member) _____ Date: _____

Please return to SSAA: Email: admin@selfstorage.com.au or Fax.: +61 3 9466 8081 or Post: Unit 4, 2 Enterprise Drive, Bundoora Victoria 3083, Australia