

# TYRO PAYMENTS CUSTOMER SERVICE SURVEY

1. Please specify the number of staff in your medical practice: \_\_\_\_\_

Your role in this practice: \_\_\_\_\_

2. How did you find the process of signing up with Tyro Payments?

Excellent                       Good                       Average                       Poor

Please comment: \_\_\_\_\_

\_\_\_\_\_

3. How did you find the implementation process?

Excellent                       Good                       Average                       Poor

Please comment: \_\_\_\_\_

\_\_\_\_\_

4. How well does the Tyro solution meet your expectations?

\_\_\_\_\_

\_\_\_\_\_

5. What have been the main benefits of switching to Tyro Payments?

\_\_\_\_\_

\_\_\_\_\_

6. Would you recommend the HCN/Tyro EFTPOS solution to other medical practices and why?

\_\_\_\_\_

\_\_\_\_\_

7. Occasionally we publish customers feedback on our website ([www.tyro.com/merchants](http://www.tyro.com/merchants)).  
Would you agree to your comments being published? If so, please give us your consent.

Medical Practice: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

8. What can we do differently to improve Tyro services for you?

\_\_\_\_\_

\_\_\_\_\_



Please fax your response to Tyro Payments at 02 8907 1777.  
Thank you for taking the time to complete this survey.

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