

Name: _____

Date: _____

Customer Service

D V N P V K T I S K H C V J L X H
P P D L A B J R G M O A Y Z X K R
R V C D P C A E A O I N B S W I C
O E Z M B G J E Z M E L S T I Y A
F F L R K V E K I T S M E F T L R
E I F B L R L E S T E Y B Y W J E
S T N X A N O I T C A F S I T A S
S X I A H H L W W T N E I T A P P
I X U L R S C U M U I M M I B R Y
O M T K O T I A V A L T Y H O O B
N P A O H P E O O U E G R C P R T
A W E Z B M L G F R A T E P E S Z
L R P X U W F P O G P D Z S E X D
T E K Y P I L E Q O U P O Y E J S
H L U F S E Q C C R R L A R S E V
S C W N H J K G E O V S G A H S B
X Y W R I E N S P E V K V T L H F

Approachable
Procedures
Helpful
Polite
Care

Professional
Teamwork
Patient
Smart

Satisfaction
Resolve
Listen
Smile