



ASSIGNMENT CO-ORDINATOR(TEL) 1 450 369 1703

DATE: JAN. 24, 2013

Rep ID # MSH 259H

DEAR: MARIA STAGLIANO

POSITION: Customer Service Evaluator

After a thorough review of your resume and references by our affiliate Consumer survey specialist, we are pleased to inform you you are hereby selected to participate in a paid Consumer Research Program in your area of residence as a mystery shopper. Congratulations and welcome to the team. As a Research Personnel selected under this program, you will be a Consumer Service Evaluator of the selected merchant outlets and service providers. This research program is fully paid and could potentially become a permanent position for a selected few who are able to distinguish themselves in the course of this program. Your starting salary is \$450 and will increase to \$550 per week after 3 months of working with us. This is a self-training program designed to equip you with the right tools necessary to carry out your assignments which will be completed in two different locations.

**Assignment (1):** You will pose as a potential customer shopping and spending one hundred dollars(\$100) on any product of your choice from one of these retail outlets; WALMART, K-MART, HOMEDEPOT, SEARS, JC PENNY and BEST BUY. You must complete "Section A" of the Customer Service Evaluation Tool(CSET) relating to the products or items purchased. The purpose of this assignment is to identify and compare popular products and prices within the mentioned retail outlets in the First(1) quarter of 2012. All items purchased with the \$100 are yours to keep.

**Assignment (2):** You will be trained in a financial transaction by evaluating various banks and other money transferring agencies Moneygram or Western union to your receiving agent as instructed in "Section B" of the (CSET). Western union or Moneygram agents are required by law to ask for specific forms of identification before transferring funds over \$1000.00. The purpose of this assignment is to investigate if agents follow the guidelines as stipulated by law concerning the transfer of funds over \$1000.00. Secondly, to investigate the complaints by customers of the unprofessional interrogations of Western Union/MoneyGram agents when they send or receive funds over one thousand (\$1000.00) Dollars since 911. Upon completion of the assignment, you must complete "Section C" of the Customer Service Evaluation Tool to reflect this task and fax immediately to 1-734-778-7849 OR 1-866-393-2850

Keep in mind that the representatives of these establishments do not know you are there to assess their services. Therefore, as a representative of this firm, we ask that you perform your duties with utmost professionalism, discretion and confidentiality. Even though this is only a training exercise for you, it should be considered a job interview. An offer of a permanent position will be based on the results of this assignment and when the completed Customer service evaluation Tool(CSET) is received by fax.

Your task is to evaluate the competence of these outlets and their customer service efficiency. Consequently your views and comments are very important to our data collection.

Please do not act on this notice until you speak with an assignment Co-ordinator at 1 450 369 1703 in order to activate your check. It is important you maintain a fair and unbiased opinion when completing the customer service evaluation tool(CSET)

NOTE: CONTACT AN ASSIGNMENT SPECIALIST FOR DELAYED ASSIGNMENTS ONLY AT 1 519 992 7922

Below is a breakdown of how the enclosed check is to be disbursed.

YOUR ASSIGNMENT AND PAYMENT ARE AS FOLLOWS	
PROBATIONARY TRAINING PAY.....	\$ 450.00
FUNDS NEEDED FOR SHOPPING.....	\$ 100.00
FUNDS FOR TRANSACTION AT MONEYGRAM OR WESTERN UNION.....	\$3,207.29
SERVICE CHARGE (MONEYGRAM or WESTERN UNION).....	\$ 240.00
TOTAL.....	\$3,997.29

OFFICE HOURS, 10am to 7pm Eastern Standard Time, Monday to Friday, Saturday 10am to 4pm Eastern Standard Time.

Attention: Turn to the back of the page

**SECTION A**

CUSTOMER SERVICE EVALUATION TOOL

Please fill out the form with your comments and fax to  
 1-866-393-2850 OR 1 734 778 7849

Rep ID.....  
 Name.....  
 City.....State.....Zip.....  
 Home / Work Phone..... Mobile.....  
 Date and Time of shopping.....

Do you wish to become permanent or part time agent?  
 .....

Product or Item (s) purchased.....  
 Brand, Make or model of products.....  
 Use of product and why did you choose this particular  
 Item(s)?.....  
 .....

Answer Y for YES and N for NO

QUESTION	Y YES	N NO	Rate from a scale of 1 to 7 1=Lowest 7=Highest
Was the store clean and neat?			
Was the Lobby / Waiting area clean?			
Were you greeted in a friendly manner?			
Were the employees professionally dressed?			
Were the Merchandise displayed properly?			
Did employees have knowledge of Merchandise?			
Were you assisted in finding what you wanted?			
Was the return policy visible in the store and on your receipt?			

Based on your assesement and experience, how would you  
 rate this establishment?.....

**SECTION B**

TRANSFER THE SUM OF \$3,207.29 TO THE MYSTERY SHOPPERS BELC  
 \$1,750.00 VIA WETERNUNION TO MIN SEUK KIM  
 \$1,457.29 VIA WESTERNUNION TO CHRIS BURLEIGH

WESTERN UNION 1

Name of the Mystery Shopper for Western union 1  
 Location NIAGARA FALLS, NY 14305 MIN SEUK KIM  
 TEN(10) digits Western Union MTCN #.....

WESTERN UNION 2

Name of the Mystery Shopper for Western Union 2  
 Location NIAGARA FALLS NY 14304 CHRIS BURLEIGH  
 TEN(10) digits Western Union MTCN #.....

The TEN(10) Digits Western Union MTCN Numbers or (8) digit MoneyGra  
 Reference Number will be on your Money Transfer Receipt after you have s  
 the Money

Please answer the following questions to the best of your ability:

How many pieces of identification card (s) did you show to the  
 service representative?.....  
 What type of identification card(s) did you present to the agent?.....  
 Were your identification cards photocopied by the agents?.....  
 If yes, Was the photocopy done within your view?.....  
 Were you assisted?  
 Would you recommend their Services to others?  
 Based on your assessment and experience , how would you  
 rate that establishment?

Excellent	Very Good	Good	Fair	Poor	Very P
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In the space provided below please give a brief summary of your experience.

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 .....

Signature of reporting Representative.....ID#.....

NAME.....

DATE.....

