**CUSTOMER SATISFACTORY SURVAY**

How would you rate your experience with our product? (1 = below satisfactory, 5 = above satisfactory)

* 1
* 2
* 3
* 4
* 5

How many times did you have to insert a single bill until it was crisp?

* 1
* 2
* 3
* 4
* 5+

How would you rate ease of use with our product?

* 1
* 2
* 3
* 4
* 5

How would you rate the mobility size of our product?

* 1
* 2
* 3
* 4
* 5

How would you rate the quality of our product?

* 1
* 2
* 3
* 4
* 5

Additional Comments below;