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APPENDIX A

Traxi Taxi Application Customer Evaluation Form

Your Name :

Province :

City:

When did you recently use a taxi service:

Few days ago Last Week Last Month Last Six Months

After using the Traxi Taxi Application, how do you feel on below areas?

No	Section	Poor	Not Bad	Fair	Better	Excellent
01	Loading Time Measurements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Accuracy Measurements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	User Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Device Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>