Restaurant365

Order Form

Bill to:

Company Name ("Customer"): _____

Street: _____

City, State Zip: _____

Primary Contact: _____

Primary Contact Phone: _____

Primary Contact Email: _____

Terms and Conditions

Billing Frequency: Monthly   Payment Method: ACH

Payment Terms: Upon Signature   Subscription Term: 12-month auto renewal

Payment Information

Bank Name: _____

Account Number: _____

Routing Number: _____

Type - Checking or Savings Account: _____

This order form is for a subscription to Restaurant365 and provided implementation services. Upon signature by customer and submission, this order form shall become legally binding. This order form is governed by the terms of the Restaurant365 Master Subscription Agreement (MSA) found at https://www.restaurant365.com/msa unless customer has a signed master subscription agreement executed by Restaurant365 to supersede the original MSA

The Restaurant365 Scope of Work Details Can Be Referenced at www.restaurant365.com/msa

Pricing

<INSERT PRICING SCREENSHOT HERE>

Details for the One-Time Services are included in the Standard Services Scope of Work section of the MSA
ACH and Check payments are offered a 3% discount which is reflected in the above pricing. If you wish to pay via Credit Card, your pricing will be adjusted to not include a discount.

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	Name	**Phone**	**Email**
Overall Project Lead			
Accounting Project Lead			
Operations Project Lead			
Primary IT/POS Contact Within Your Company			

Customer Restaurant365 URL *(This is the web site address for your system. 3-20 letters & Numbers Only)*

https://_____.restaurant365.com

POS System(s) to integrate with:

Bank and Payroll Providers:

Purchased Vendor Integrations:

Quantity (filled out by R365 sales rep): _____

Listed vendors below (filled out by customer):

Customer Signature: _____   Deal Desk Signature: _____

Printed Name: _____   Printed Name: _____

Title of Signer: _____   Title of Signer: _____

Date: _____   Date: _____