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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](http://www.restaurant365.com/msa)

Pricing

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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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_