

Online Ordering Customer Registration

Restaurant Information

Name _____

Street _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Fax (____) _____ - _____

Email _____

Time Zone Eastern Time Central Time Mountain Time Pacific Time

Store ID _____ Prefix URL _____ Tax Rate _____

Delivery

Minimum Order Amount _____

Zip Code	Delivery Charge
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Contact Information

Name _____

Role _____

Phone (____) _____ - _____

Cell (____) _____ - _____

Plan

Monthly Fee Per Location _____

Transaction Fee _____

Fax Order Fee _____

One Time Set-Up Fee _____

* Circle the chosen plan

Opening Time

From	To	From	To
SUN ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM
MON ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM
TUE ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM
WED ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM
THU ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM
FRI ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM
SAT ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM

Delivery Time

From	To	From	To
SUN ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM
MON ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM
TUE ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM
WED ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM
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FRI ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM
SAT ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM