

## Restaurant Application Form

1. Name: \_\_\_\_\_
2. Number: \_\_\_\_\_ Same Menu? (Y/N) \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Manager(s): \_\_\_\_\_
6. Bank Account: Route number \_\_\_\_\_ Account number \_\_\_\_\_  
(Please attach a voided check or a copy of the voided check, needed to set up bank transfer)
7. Phone Number: \_\_\_\_\_ (Include area code)
8. Delivery Radius: \_\_\_\_\_ miles
9. Business hour: \_\_\_\_\_
10. Delivery hour: \_\_\_\_\_
11. Minimum delivery order: \_\_\_\_\_ Service Rate: \_\_\_\_\_
12. Fax: \_\_\_\_\_ (Include area code)
13. Email: \_\_\_\_\_
14. Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_
15. Print Name: \_\_\_\_\_
16. Description of restaurant:

## **Instruction for filling in the Restaurant Application Form**

Line 1 – Fill in the complete legal name of restaurant

Line 2 – Fill in the restaurant number, if applicable. This applies to owners of multiple restaurants or franchised chains. Fill in Y if menu is the same or N if menu or item prices are not the same as other restaurants. Leave blank if not applicable.

Line 3 and line 4 – Fill in restaurant address.

Line 5 – Fill in name(s) of person(s) in charge. This is the person whom we will contact in situations that require immediate attention. We will contact owner if no name is provided.

Line 6 – Fill in your bank's routing number and account number. Food To Go Express transfers money once a week to member restaurants. Also attach a voided check, or a copy of a voided check in order to set up the bank transfer.

Line 7 – Fill in phone number of restaurant.

Line 8 – Fill in the delivery radius that restaurant serves. If left blank, delivery radius will be set to 3 miles.

Line 9 – Fill in business hours. Example: M-F 10AM – 2PM, M-F 5PM – 10PM

Line 10 – Leave blank if delivery hours are the same as business hours. Write "NONE" if no delivery services are provided.

Line 11– Minimum delivery order is the minimum dollar amount of your delivery order. Leave blank or enter \$0 if you do not want to enforce this rule. Service rate is the service charge that you will apply to all delivery orders. Leave blank or enter 0 if you do not have service charges. Enter your delivery service rate as a percent or as the dollar amount (if a flat rate is charged for all delivery orders).

Note: Rates are calculated based on the food (net) amount. There will be no service charge on pick up orders.

Line 12 – Fill in fax number including area code. We will use this number to fax in orders. This item is **mandatory**.

Line 13 – Fill in email address. We will use this email to send in order copies, monthly statements, and deposit notifications whenever processed. This item is **mandatory**.

[www.FoodToGoExpress.com](http://www.FoodToGoExpress.com)

P. O. Box 7362, Long Beach, CA 90807

### **Restaurant Application Form Instruction - continued**

Line 14 – Signature and date of owner or authorized person. By signing this form you agree to subscribe to Food To Go Express for a minimum period of 6 months. This 6-month period will start on the day of first completed order online using Food To Go Express.

Line 15- Printed name of person signing.

Line 16 – Write a short description of restaurant, to be shown with restaurant listing online. Write ‘Menu’ and circle the text in menu if you want us to copy the description from menu. This item may be left blank, or you may write ‘Menu’ to have a description copied from the restaurant menu.

### **Mail this Restaurant Form, along with a copy of restaurant menu**

**To:**

[www.FoodToGoExpress.com](http://www.FoodToGoExpress.com)

**P. O. Box 7362**

**Long Beach, CA 90807**

---