



Restaurant Catering Systems

Setup Form

*Please fax completed form to 615-831-1389 along with a copy of your catering menu to get started
You will also need to email a PNG, GIF or JPEG (preferably in that order) of your logo to
Michael@RestaurantCateringSystems.com*

Contact Person: _____

Restaurant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Time Zone: _____

Email: _____

Phone: _____ Cell: _____ Fax: _____

Email Address of where your orders are to be sent: _____

Fax Number of where your orders are to be sent to: _____

Cell Phone Number of where reminders are to be sent: _____

Phone Number of where automated notifications sent: _____

Sales Tax %: _____

Please make online ordering available for: Delivery Dine-In Pick-Up

Please allow tips to be added to orders at check-out. Yes No

Payment Options Available To Customers: Pay at Pickup/Delivery Credit Card House Charge

Types of Credit Cards Accepted: VISA Master Card AMEX Discover

Do you have a delivery charge? Yes No

If yes, please indicate the charge: \$ _____ or _____ % of Order

Restaurant Hours

These are the hours you would like to have customers get/pick up orders. Though you may open at 11am, you may feel comfortable having customers come as early as 10am to pick up catering orders. If closed, please mark on sheet.

Sun: _____ to _____

Mon: _____ to _____

Tue: _____ to _____

Wed: _____ to _____

Thur: _____ to _____

Fri: _____ to _____

Sat: _____ to _____

*Please fax completed form to 615-831-1389 along with a copy of your catering menu to get started
You will also need to email a jpeg of your logo to Michael@RestaurantCateringSystems.com*