

Sales Executive: \_\_\_\_\_



Restaurant Information

Restaurant

Restaurant Phone #

Address

City /State/Zip

Tax Information

Corporate Entity Name

Federal Taxpayer Identification # (9 digits)

Corporate Entity Address

Corporate Entity City /State/Zip

Service Paid To

% commission



username  
password

Contact Information

Owner /Manager

Owner / Manager Phone #

Owner / Manager email

Restaurant ( Authorized Signatory)

Signature

Signature

Print Name

Print Name

Title

Title



By signing the form, The Restaurant agrees to pay The Commission indicated above, in addition to the delivery fee and tips from each order placed through GrubHub, Doordash, Slice, EzCater, Toast, Square ,Clover ,ChowNow ,Own Website delivered by



By signing the agreement, I Certify That I am authorized representative of the Restaurant and I have agreed to the above terms of this Restaurant agreement

Agreement Dated