QUIK CHOW

Website Online Ordering Form

Online Ordering Component Set Up Fee: $100 (Free Set Up Covid-19 Discount)

Quikchow will build an ORDER ONLINE WEB SITE AND MOBLE APP which is customer branded and linked directly to the restaurant web site. The restaurants web programmer will add an "Order Online" button to the restaurant web site which will direct customers to QC's Order Online site. The two sites will be joined.

Select a Monthly Service Plan:

☐ **5%** order fee **No Hosting** OR ☐ **$59 per month & 3% Order Fee**
☐ Add Order Fee to Order (optional). Please check if you wish to have customer pays this fee.
☐ Add EDC Supplied 7" Tablet - $75. Tablet will be shipped ready to take orders.
☐ Add Eatabit Micro Printer. Plan: ___$49 one time plus $15 a month OR ____$249 One Time Buy Out.

Optional Marketing Services:

☐ **Email Marketing Service Only** - **$39** Monthly includes 2 email blasts per month
☐ **Complete Digital Package** – 1000 Text Messages & 10K Emails Monthly – Birthday/Anniversary Club – APP – QR Code
    ☐ **$39 1st month - $69 2nd month - $99 3rd month & each month thereafter w/ a 6 month minimum agreement**
☐ **FREE Loyalty/Reward Program** 1) Spending Level or # Orders _____ 2) Minimum Order (if #Orders)_____ 3) Reward ($ amount or %)_____
☐ **Blog/Daily Specials** ($50) ☐ **2'x4' Vinyl Indoor/Outdoor Banner** ($25) ☐ **Reservations** ($1 per reservation)
☐ **Add Delivery.com link to web site for Delivery Orders and post menu on Delivery.com web site.**
        (Fill out attached Delivery.com sign up form)

Restaurant Name:_____

Person Authorized: First:_____ Last:_____

Address: _____

City :_____ State :_____ Zip:_____

Telephone Number:_____ Mobile Number:_____

Email address:_____ Fax Number_____

Current Domain Name:_____ ☐ I don't own a domain

Web Programmer Contact Info_____

Checkout Credit Card Processing (check one) : ____Stripe ____ Authorize.net (fill out below) _____Clover POS ___Manually Process at Restaurant

Merchant Services Contact (**Auth.net Only**) - Name/cell _____

Choose ONE Payment Option Below:

CREDIT CARD:
Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____Security Code: * _____

Billing Zip Code: _____ *Security Code (Amex 4 digits on front of card, all others 3 digits on back of card)

AUTOCHECKDEBIT(ACH): ☐   I authorize EDC to charge my checking account. A copy of my voided check is attached to this agreement. EDC will invoice these fees monthly and will debit the restaurant credit card or bank account on the 15th of each month

Merchant Authorized Signature:_____