

Sign-Up Form



Please complete this form and return it to us along with links of menu, Pictures and direct deposit info.

RESTAURANT INFORMATION:

Restaurant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____ Email: _____

Website's name already partner with & agreed Percentage comission:

OWNER INFORMATION:

Owner's Name: _____ Owner's Cell Phone: _____

DELIVERY INFORMATION: Can you deliver food: Yes _____ No _____

Delivery Area (by zip codes, street -area):

Delivery Minimum: \$ _____ Delivery Fee: \$ _____ Sales Tax: _____ %

Restaurants Hours: _____, Delivery Hours: _____

Food ready to takeout/pickup in how many minutes (Hours): _____

FIRST TIME CUSTOMER REBATE:

Offer a discount to first time customers on their first order if any.

DIRECT DEPOSIT INFO:

Your Food Genie does a Bi-weekly direct deposit for all of their restaurant partners.

Bank Name: Routing Number: _____

Account Number: _____

Owner's Signature: _____ Date: _____