Ekit.us Form

Email: service@ekit.us

Tel: 718-326-9007
Fax: 718-326-0159

Restaurant name	
Address	

City		**State**		**Zip**	
Tel#		**Website**			

Logo Menu Pic	☐No ☐Yes Please send to outlets.pos@gmail.com
Restaurant Type	☐Take out ☐Pick up ☐Delivery ☐Dine in ☐Other_____
Order Receiving Settings	☐ Receiving SMS mobile Phone： _____ ☐ E-m a i l： _____ Comment:_____
Restaurant setting	• Payment Collection Setting ☐ COD (Merchant charge sat order pickup) ☐ eKit C/R Acc# (Commision fee will be notified ervery month 1st and 15th day) • Accept payment method ☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS ☐ DISCOVER ☐ E.B.T. ☐ Cash
Order setting	TAX(sale tax)： _____% TIP(Tip display)： ☐Display ☐No Display Ordering Area： _____to _____miles Delivery fee$_____ ☐ Delivery with tax ☐ No delivery tax Minimal Ordering Amount: $_____ Free Delivery Amount: $_____ Discount： _____ Deliver Time Setting： _____ Restaurant opening hours： _____ _____

Business owner agree the 6% service charge for all online orders

Full Name: _____   Email:_____

Cell:_____   Signature:_____

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