

# WWW. URBANBITE.COM

## **Restaurant Registration**

*Please return this form to:*

Urbanbite Ltd, 409 Threshold House,  
65-69 Shepherd's Bush Green, London W12 8TX

*Or fax to: 0845 869 9732*

### **Supplier Information**

Restaurant Name:		Cuisine Category:	
Main Contact Name:		Restaurant Address and post code:	
Mobile Tel:			
Restaurant Telephone			
Fax/email to receive orders			
Contact Email Address			
Do you have your own website?	www.		

### **Service Details**

Delivery Post Codes Covered							
Delivery Fee/Min order (£)					Delivery Time (mins):		
Delivery Hours: (first and last order)	<u>Mon:</u>	<u>Tue</u>	<u>Wed:</u>	<u>Thu:</u>	<u>Fri:</u>	<u>Sat:</u>	<u>Sun:</u>

### **Bank Information (Payments will be made Weekly, every Monday)**

<u>Account Holder Name:</u>	<u>Account Number:</u>	<u>Sort Code:</u>
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### **Service Agreement**

Do you authorise Urbanbite Ltd. to take credit card orders on your behalf?	Y / N
Commission Rate: *	10%

**I, the undersigned, agree to the above terms of the service contract. You may leave Urbanbite at one days notice, if required. I confirm that all details herein are correct.**

Print Name:	Position:
Signature:	Date:

\* The rate of commission agreed to Urbanbite Ltd., for the management of each food order from the website of www.urbanbite.com