

WEBSITE AND ONLINE ORDER APPLICATION FORM

Email: ROOM@pax.us Phone: 1-877-859-0099

A. COMPANY INFORMA									
Legal Name:		D	BA:			-	MID:		
Address:		City:				State:		Zip Code:	
Business Phone:	Business Fax:					Email:			
Owner's First Name: Owner's Last Nam			e:	:: Owner's Contact No:					
Existing Domain Name:									
B. ORDER TYPE									
Please select one of the following and provide the required details accordingly.									
WEBSITE WEBSITE & ONLINE ORDERING					QR Code Online Ordering				
Domain Name Options:	1.		2.			3.			
Template NO:			Is This ar	n Exist	ing Domain	? YES	NO		
ONLINE ORDERING [PLUGIN] ONLINE ORDERING [STAND-ALONE]									
Existing Domain Name:				Domain Options:					
Domain Company:				1					
Domain Username:				2					
Domain Password:				3					
C. FOR ONLINE ORDER (ONLY								
Receive Orders By:	Phone:	Fax:			Email:	Pri	nter	Арр	
Accept: Delivery – Estimated Time:					Pick Up – Estimated Time:				
Delivery Fee: Delivery Minimu				y Radius (Miles):			Custom D	tom Deliver Zone:	
			Miles		Fee	Minimum			
Delivery Hours:	Store Hours:		1.						
			2.						
			3.						
							Sales Tax:		
D. ONLINE ORDERING C									
Coupon Code:				Title	:				
Discount Type: Fixed A	mount:				Percentag	e:			
How Many Times Can A Customer Use the Coupon Code? One Time Multiple:									
				5.10		·			
E. FEE		AMOU	NT						
Website Design									
Yearly Hosting									

G. Confirmation

Signing this form indicates your acceptance of the terms and conditions as stated. In addition, you authorize PAX Technology, Inc. to charge your account for the above product.

* I agree with all terms & conditions Typing your name in the Signature Box serves as an electronic signature.

Signature:	Dates:				
Printed Name:	Title:				
H. AGENT INFORMATION					
Agent Name:	Contact No:				