



Preliminary Information Form Restaurants

Rev. 02-en

Restaurant/Chain Name	
Website	
Company Name	
Address	
City – State - Country	
ZIP Code	
VAT/Registration no.	
Phone	
Fax	
Contact person	
Position	
E-mail	
Mobile	
Total no. of restaurants (*)	

() please fill in page 3 “complete list of restaurants”*



COMPLETE LIST OF RESTAURANTS

Restaurant 1 Name	
Address	
City-State-Country	
ZIP Code	
Phone	

Restaurant 2 Name	
Address	
City-State-Country	
ZIP Code	
Phone	

Restaurant 3 Name	
Address	
City-State-Country	
ZIP Code	
Phone	

Restaurant 4 Name	
Address	
City-State-Country	
ZIP Code	
Phone	

Restaurant 5 Name	
Address	
City-State-Country	
ZIP Code	
Phone	