

RESTAURANT ASSESSEMENT FORM

CUSTOMER INFORMATION

Business Name:

Phone:

Mobile:

Email:

Web:

Business Address:

CONTACT INFORMATION

Contact Person 1:

Contact Person 2:

Designation:

Designation:

Phone:

Phone:

INSTALLATION INFORMATION

Installation Date & Time:

Training Date & Time:

Installation Location:

Training Location:

CONFIGURATION DETAILS

No. of Devices	Dining Stations:	Delivery Stations:	Take Away Stations:	Tablets:	Server:
	Receipt Printers:	Kitchen Printers:	Cash Drawers:	Barcode Scanners:	

Installation Type: New Running Migration Services: Dining Delivery Take Away

No. of Floors: No. of Tables: No. of Telephone Lines:

Products Catalog Attached: Soft Copy Hard Copy

Price Lists Attached: Soft Copy Hard Copy

Products to Kitchen Mapping Attached: Soft Copy Hard Copy

Payments Accepted: Cash Card Cheque Free Debt Vouchers Reward Points

Receipt Header:

Receipt Footer:

Logo Attached: Soft Copy Hard Copy

Internet connection available at the premises: Yes No Applied

Email Addresses for POS Reports:

SumUp Service Required: Yes No

Online Catalog Service Required: Yes No

Users & Roles	User	Role	User	Role	

SPECIAL REQUIREMENTS

Note: Information gathered here are required to install and configure the Point of Sale system. Please verify that the information entered meet the business requirements of the customer.

Customer Signature:

Sales Consultant Signature:

Date:

Date: