

# Restaurant Marketing Planner

## Fax or Mail In Order Form

**YES!** Jonathan, I want to learn the exact strategies and techniques you and your members use to "Get Ahead and Stay Ahead of Your Marketing & Your Competitors".

Name:

Address 1:

Address 2:

City:

State/ Prov:

Zip/ Postal Code

Country:

Phone Number:

Email:

Payment Type:      Credit Card       Check       Money Order

**Note:** Make checks/money orders payable to: **Restaurant Success System, Inc.**

Driver's License  
Number (check  
orders only):

Issuing State:

Expiration Date:

- Orders placed with a check will be held for 10 business days. Once 10 business days is complete, the order will be released and you will be given access to the product.
- All returned check will be charged a \$25 USD return check fee.
- Counter checks will not be accepted.
- Check orders without email address, driver's license number, and driver's license state will not be processed.

## CREDIT CARD ORDERS

Credit Card Type: Visa  Mastercard  American Express  Discover

Cardholder Name:

Cardholder Billing Address  
(if different from above address)

Card Number:

Expires:

CVV  
(3-4 digit code on back panel)

Cardholder Signature:

Purchase Amount:

Shipping:

TOTAL ORDER AMOUNT:

We will confirm this amount prior to any charges on your account.

Print and fax or mail this form to:

FAX To: **(603) 925-3160**

Mail To:

**Restaurant Success System  
7870 Alexander Promenade Place  
Suite 125  
Raleigh, NC 27617**

I authorize Restaurant Success System to charge me for the above total. I further affirm that the name and personal information provided on this form are true and correct. I further declare that I have read, understand and accept Restaurant Success System business terms as published on their website. By mailing or faxing this form, I agree to pay Restaurant Success System the above-mentioned amount.