

MILLROCK Modular Café

Order Form

Contact Info

Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____
 Fax: _____
 Email: _____
 Website: _____

Remodel or new location? Square Footage: _____

Location approved? Yes No Signed lease? Yes No
 Do you have an Architect? Yes No - If Yes _____

Have you developed a business plan? Yes No
 Projected Sales: \$ _____ % Coffee: _____ % Food: _____
 What is your budget? \$ _____
 Expected return on investment period? (Years/Months) _____

Would you like information on leasing? Yes No

Is your store: Independent Franchise? _____

Will the installation be performed by
 Millrock or A General contractor? _____

Soft opening date: _____ Grand opening date: _____

When would you like us to contact you? (date/time) _____

Tell us about your ideal store and your menu offerings:

Architect Contact Info:

Name: _____

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Franchise Contact Info:

Name: _____

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

General Contractor Contact Info:

Name: _____

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

*Millrock store layout services are free with purchase of Modular Café
 Please return this form with a \$500 store layout payment to initiate the store planning process.
 Your payment is rebated towards your bill when you place your modular café order.*