



Fighting Hunger. Giving Hope.

AUTHORIZED AGENCY REPRESENTATIVE FORM

Agency Name _____ Agency No. _____

Phone Number _____ Email _____ @ _____

Please list three representatives that you are authorizing to pick up orders, front dock shop and utilize the produce drive-thru.

1. _____

2. _____

3. _____

(Print Name)

(Signature)

(Title)

(Date)



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