

Harvesters Agency Contact Form

Program Number: _____

Date: _____

Program Name: _____

It is very important that Harvesters has the most current contact information for partner agencies and likewise that partner agencies have the most current contact information for Harvesters. This helps us maintain good communication by directing correspondence to the correct person or persons.

Understanding that Harvesters partners with agencies of all sizes, we have created contact types to help us serve your agency better. Harvesters would like to have a contact person for each of the fields listed below. For some large agencies, there may be a different person for each field and for smaller agencies we may only have two contact points total.

All agencies must have two contacts with working email addresses and phone numbers.

General Address: (Location of services)

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____

Primary Contact: (The person responsible for day-to-day operations of your program)

Contact: _____ Email: _____

Phone: _____ Ext: _____ Cell: _____

Secondary Contact: (The backup to the Primary Contact) *Please note that all agencies are required to have at least two separate contacts with functional email addresses.*

Contact: _____ Email: _____

Phone: _____ Ext: _____ Cell: _____

Shipping Contact: (The physical address of the facility where orders are delivered)

Contact: _____ Email: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Cell: _____

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Billing Contact: (The address your program invoices and statements should be sent for payment)

Contact: _____ Email: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Cell: _____

Authorized Shoppers are allowed to order, pick up and receive product on behalf of your agency as well as inquire about finances and update your account.

Any contacts previously on file will be removed unless they are included below.

Shopper #1: _____

Shopper #2: _____

Shopper #3: _____

Shopper #4: _____

Days and Hours of Operation (times you are actively serving clients)

	Hours	Frequency
<i>Example</i>	<i>9:00-11:00 and 3:00-5:00</i>	<i>Weekly</i>
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Completed by: _____