



Authorized Contact Update

Please use this form to make updates to your agencies contact information. Contact Customer Care at customercare@harvesters.org or 877-353-6639 for questions about this form.

Any contacts previously on file will be removed unless they are included below for a current list of contacts please contact Customer Care. Please notify your Harvesters Representative in writing of any future changes.

Please print clearly (no cursive) or TYPE information on this form.

Program Number: _____

Date: _____

Agency Name: _____

Director Contact: (person entrusted with the overall direction of the agency)

Contact: _____ Email: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Cell: _____

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

Contact: _____ Email: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Cell: _____

Secondary Contact: (back-up to the primary contact)

Contact: _____ Email: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Cell: _____

Billing Contact: (address that Harvesters should send your program statements for payment)

Contact: _____ Email: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Cell: _____

Shipping Contact: (address that product will be shipped/delivered to)

Contact: _____ Email: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Cell: _____

Monthly Report Contact: (person responsible for completion of monthly reports)

Contact: _____ Email: _____
Address: _____ Address 2: _____
City: _____ State: _____ Zip: _____
Phone: _____ Ext: _____ Cell: _____

Recalled Product Contact: (person responsible for handling food recalls)

Contact: _____ Email: _____
Address: _____ Address 2: _____
City: _____ State: _____ Zip: _____
Phone: _____ Ext: _____ Cell: _____

Hunger Advocacy Contact: (person responsible for hunger advocacy at your organization)

Contact: _____ Email: _____
Address: _____ Address 2: _____
City: _____ State: _____ Zip: _____
Phone: _____ Ext: _____ Cell: _____

Please list up to four (4) AUTHORIZED shoppers. Any shoppers previously on file will be removed unless they are included. Please notify Harvesters in writing of all changes in Authorized Shoppers as soon as they occur.

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.

Shopper #1: _____ **Email:** _____

Shopper #2: _____ **Email:** _____

Shopper #3: _____ **Email:** _____

Shopper #4: _____ **Email:** _____

I hereby certify that the information provided here is accurate. Further I guarantee that authorized shoppers have read and understood Harvesters' policies on accessing product and are willing and able to adhere to them in the operation of our emergency food program.

Signature of Legally Authorized Agent

Mail, Fax or E-mail Completed Form to:
Harvesters – The Community Food Network, Attn: Agency Relations
3801 Topping Ave. Kansas City, Missouri 64129-1744
Fax: (816) 929-3153
E-mail: customercare@harvesters.org