Date: _____

Authorized Personnel Information

The names of the persons below are authorized to pick up/order/products and or complete monthly reports on behalf of your organization at Arkansas Foodbank. You agree they have read and understand Arkansas Foodbank regulations and agree to abide by them.

Agency Name: _____

Contact Person: _____

Site Address: _____

Telephone: _____ E-Mail Address: _____

Print Name	Email	Ordering	Monthly Reports	Pick-Up

Please inform the Agency Relations Director at the Arkansas Foodbank as soon as any changes are made in your agency's list of people authorized to pick up products at Arkansas Foodbank.