

Collins Brothers Produce USDA FOOD BOX PROGRAM

Sales Representative Name: _____ Date: ____/____/____

Customer Name: _____ Account Number: _____

Location ID / Unit # : _____ Chain Number: 79

Address: _____ Suite / Bldg: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number:(____) _____ Fax: (____) _____

E-Mail Address: _____ Company URL: _____

Primary Contact Person: _____ Title: _____

Purchaser Phone: (____) _____ Fax: (____) _____

CHURCH GOV'T SCHOOL FOOD BANK EIN # _____

MUST BE A 501c 3 Non-Profit Organization to Qualify for Program

Public Schools and Government Agencies are exempt from 501c3 Status

Recipient must be equipped to off load product: Dock: Yes / No Fork Lift: Yes / No

Shipping Address If same as above please check

Address: _____ Suite / Bldg: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: (____) _____ Fax: (____) _____

Projected First Order Date: ____/____/____ QUANTITY: _____

Please Detail Your Organization's Plan To Receive, Store and Distribute The Requested Food Items:

Other Comments: _____
