



AGENCY INFORMATION UPDATE FORM

Agency Name: _____ Member Number: _____

Please make the following changes (only complete lines that reflect changes):

Contacts:

Director/Administrator Name: _____

Phone: _____ Email: _____

Primary Contact Name: _____

Phone: _____ Email: _____

Primarius Ordering Contact: _____

Phone: _____ Email: _____

Statistics / Link2Feed Contact: _____

Phone: _____ Email: _____

Billing Contact: _____

Phone: _____ Email: _____

Authorized: Add: (Please schedule orientation for new representative/s)

Name: _____ Pick up Place Orders

Phone: _____ Email: _____

Name: _____ Pick up Place Orders

Phone: _____ Email: _____

Name: _____ Pick up Place Orders

Phone: _____ Email: _____

Remove the following:

Name: _____ Name: _____

Name: _____ Name: _____

General Info:

Agency physical address: _____

Agency billing address: _____

Telephone number: (Main) _____ (Fax) _____

☐ **Office Hours:** _____

☐ **Distribution Hours: Instructions:** Please list the date and time of each distribution for each month in the space provided. If you are open multiple days during the week, please use the "Day of Week" version.

<u>Month</u>	<u>Date/Time</u>				
Example: Date	04/01/2021	04/08/2021	04/15/2021	04/22/2021	04/29/2021
Time:	11:00 - 2:00 PM	11:00 - 2:00 PM	11:00 - 2:00 PM	Closed	11:00 - 2:00 PM
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

<u>Day of Week</u>	<u>Time of Distribution</u>
Example:	9:00 A.M. - 12:00 P.M. 1:00 P.M. - 3:00 P.M.
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Submitted by: _____ Date: _____

Fax to: 941-371-0582 or **Email to:** pcasamento@allfaithsfoodbank.org