



SECOND HARVEST

of the Greater Valley

AUTHORIZED SHOPPER FORM

AGENCY NAME: _____

A-# _____

Authorized Agency Signature: _____

Date: _____

Please indicate up to four (4) people who will be authorized by your agency to procure food at SHFB. You **must** attach a photo copy of a current California Driver's License or California Identification card for **each** authorized shopper.

To prevent warehouse congestion, your agency may only have 2 shoppers on the warehouse floor at a time.

1.) Name: _____

2.) Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

California Driver's License/ I.D. attached
Expiration Date: _____

California Driver's License/ I.D. attached
Expiration Date: _____

3.) Name: _____

4.) Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

California Driver's License/ I.D. attached
Expiration Date: _____

California Driver's License/ I.D. attached
Expiration Date: _____

EACH SHOPPER MUST BE PROVIDED WITH A COPY OF THE WAREHOUSE RULES

***** Please Note:** Future changes to the list of authorized shoppers **must** be made by using the **Agency Change of Information Form** which requires the signature of the CEO, Pastor, or Executive Director. If a new shopper is added, the notification must be accompanied by a copy of their current California Driver's License or California Identification card.