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: _____________________________  Phone: _______________________________  Email: ________________________________
   California Driver’s License/ I.D. attached
   Expiration Date: ____________________

2.) Name: _____________________________  Phone: _______________________________  Email: ________________________________
   California Driver’s License/ I.D. attached
   Expiration Date: ____________________

3.) Name: _____________________________  Phone: _______________________________  Email: ________________________________
   California Driver’s License/ I.D. attached
   Expiration Date: ____________________

4.) Name: _____________________________  Phone: _______________________________  Email: ________________________________
   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.