





# Program Partner Authorized *Shopper* Update

**THIS PAGE FOR PARTNER SUPPORT ONLY:** Please list up to four (4) authorized shoppers. There must be one (1) authorized representative present to sign invoices for order pickup.

**Program Name/No:**

<b><u>Remove</u> Shoppers</b>	<b><u>Add</u> Shoppers</b> Any shoppers NOT listed will be removed
Name: _____	<b>Shopper 1:</b> Name: _____ Email: _____ Phone # _____ <input type="checkbox"/> Pick-Up order/FFC <input type="checkbox"/> AE Online Shopper <input type="checkbox"/> Both
Name: _____	<b>Shopper 2:</b> Name: _____ Email: _____ Phone# _____ <input type="checkbox"/> Pick-Up order/FFC <input type="checkbox"/> AE Online Shopper <input type="checkbox"/> Both
Name: _____	<b>Shopper 3:</b> Name: _____ Email: _____ Phone # _____ <input type="checkbox"/> Pick-Up order/FFC <input type="checkbox"/> AE Online Shopper <input type="checkbox"/> Both
Name: _____	<b>Shopper 4:</b> Name: _____ Email: _____ Phone # _____ <input type="checkbox"/> Pick-Up order/FFC <input type="checkbox"/> AE Online Shopper <input type="checkbox"/> Both

I hereby certify that the information above is accurate. I also guarantee that all authorized shoppers have attended orientation or will RSVP to an upcoming orientation.

\_\_\_\_\_  
Signature of Primary Program Contact

\_\_\_\_\_  
Date

Email, Fax or mail completed form to:  
Food Bank of the Rockies  
Attn: **Partner Support**  
10700 E. 45<sup>th</sup> Ave  
Denver, CO 80239  
[PartnerSupport@FoodbankRockies.org](mailto:PartnerSupport@FoodbankRockies.org)  
Fax: 303-574-0622