

PARTNERSHIP UNDIES

CONTACT CONFIRMATION 2022

ORGANIZATION CONTACT DETAILS

ORGANIZATION NAME _____

PROGRAM NAME _____

TAX ID NUMBER _____

ADDRESS _____

CONTACT PERSON _____

TITLE _____

EMAIL _____

PHONE NUMBER(S) _____

DELIVERY CONTACT DETAILS

DELIVERY ADDRESS _____

CONTACT PERSON _____

TITLE _____

EMAIL _____

PHONE NUMBER(S) _____

DELIVERY AVAILABILITY M T W Th F S Su

AVAILABLE HOURS _____

HAVE A LOADING DOCK Yes No

SPECIFIC DATES (I.E BLACK OUT,EVENT DATES) _____