

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) _____