PLEASE PROVIDE THE FOLLOWING INFORMATION:

To insure that our records are current please complete the following form and return to:

NE FOOD DISTRIBUTION PROGRAM
301 CENTENNIAL MALL SOUTH 4TH FLOOR
P.O. BOX 95026
LINCOLN, NE 68509-5026

Recipient Agency Name: _____
Federal Tax ID#: _____

Administrator (Agreements):

Name and Title: _____
Address: _____
_____
Phone Number: _____

Food Service Manager (Offering Forms, Memos, Newsletters):

Name and Title: _____
Address: _____
_____
Kitchen Phone : _____
FAX Number: _____
Food Service Manager's Home Phone Number:_____
E:Mail Address: _____

Delivery (Delivery Address—cannot be a PO Box)

Name and Title: _____
Address: _____
_____
Phone Number: _____

Payer (Billing Statements):

Name and Title: _____
Address: _____
_____
Phone Number: _____

Thank you for your cooperation.

m:\fdpdoc\agreements\contacts.doc