



Agency Partner Name: \_\_\_\_\_ Agency Partner # \_\_\_\_\_

**Billing Contact - If your invoices are sent to a separate office, please complete this section**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**P.O. Box - If your agency has a P.O. Box for your mailing address, please complete this section**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Agency Location – This is the physical location of your agency.**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please return by Email: [AGerhart@FoodBankHeartland.org](mailto:AGerhart@FoodBankHeartland.org)  
FAX: 402-331-6632 or Mail: 10525 J Street, Omaha, NE 68127