

Marin Farmers Market Delivery Program

CUSTOMER PROFILE



Name: _____

Title: _____

Company Name: _____

Mailing Address: _____

Receiving Address: _____

Telephone Number: _____ Fax Number: _____

Alternate Phone Number (In case of emergency): _____

Email: _____

Preferred way of receiving order form: Email Fax Online (in the future) Any

Days you want products delivered: Thursday Sunday Both

Drop-Off Location (Give Detailed Directions/Instructions and name person to receive the delivery):

Most Commonly Ordered Produce and Farm Products:

Description of Operation (include number of customers you serve, catering, school food service, type of clients served – youth, elderly, etc; heat and serve, all fresh, salad bar, etc.)