



## ***Online Ordering Sign-Up Form***

In order to be part of our new online ordering service, Primarius Online™ (POL), please fill out this form and submit it to the Partner Relations department. If you are unable to complete this form at this time, simply fax the completed form to 202-529-1767, Attn: Partner Relations (for DC and MD agencies) and 703-541-0179, Attn: Partner Relations (for VA agencies).

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Title/Position** \_\_\_\_\_

**Agency Name** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Agency Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

Please provide a phone number and e-mail address where you can be reached easily. We will contact you with order confirmations, scheduling issues, or questions using this information.

**Primary Phone Number:** \_\_\_\_\_

**Primary E-mail Address:** \_\_\_\_\_

We may need to contact your Executive Director or Pastor if there is outstanding information. Please note his/her information below.

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Are you currently an authorized shopper with your organization?**  Yes  No

**Check the training that you attended:**  In-person Shopping 101  Online POL training

### **For Office Use Only**

**Status:** \_\_\_\_\_ Date attended Shopping 101 • \_\_\_\_\_ Date attended online POL training

\_\_\_\_\_ Listed as Shopper in Primarius • \_\_\_\_\_ Listed in partnership application

**Requires:** \_\_\_\_\_ Authorization letter \_\_\_\_\_ Password request \_\_\_\_\_ Attend Shopping 101

**Date approved, e-mail sent, and added to POL:** \_\_\_\_\_ **Staff:** \_\_\_\_\_

Updated: 10/28/10