



# I want Fresh Pick!

Your name:

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Your address:

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City:

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State:

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Zip-code:

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Store name where you shop:

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## **For Store Manager Only**

Store Manager name:

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Store address:

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Produce Buyer name:

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Phone:

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Email:

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**Please fax or email this form to Fresh Pick Farms Inc.**

**fax: 917-464-8272**

**email: [info@freshpick.com](mailto:info@freshpick.com)**