



Animal Rescue Resource Foundation
 1811-A.G. Malross Dr. #5 Vista, CA 92081
 760-414-3066 FAX: 760-414-3977

www.arrf.cc

Affiliate Food Distribution Agreement Registration Form and Request for Distribution

This form is required to be submitted to ARRF in order for your Organization to apply for the Affiliate Food Distribution Program as well as each time your Organization is requesting a food distribution. You may submit a new application and request a distribution on the same request form. All applications are subject to pre-approval. Please complete the applicable section(s) below and submit this form by fax or email.

Your Name (please print): _____

Affiliate Organization: _____

NEW APPLICATION (Check Here) []

This section needs to be completed for both NEW and pre-approved affiliate organizations.

Number of Animals Currently in Foster: _____

Number of Animals on Average in Foster: _____

Estimated annual average of food that will be needed (in lbs): _____

Tax ID#: _____

Phone#: _____

Fax#: _____

Street Address: _____

City, State, Zip: _____

Website: _____

Email address: _____

REQUEST FOR DISTRIBUTION

This section must be completed for EACH request for distribution from your pre-approved affiliate organization. Please use separate sheet if additional items are being requested.

Item	Pack	Quantity	Total lbs
TOTAL			

- I agree to use this donated dog/cat food for animal rescue purposes only.
- I will not sell this donated product to any individual, vendor, distributor, or retailer nor will I trade it for any other services or products.
- I acknowledge that I am accepting this product at my own risk. If there is any problem with the dog/cat food, I will not hold liable (included but not limited to damages, punitive damages, and medical/veterinary expenses) the manufacturer, ARRF or anyone involved in the procurement or distribution of this product.
- All members of the affiliate organization listed below and the individual signing this document agree to these terms and conditions.

In signing my name to this document, I hereby acknowledge that I have read, understand and agree to the above conditions.

Signature: _____

Date: _____

NOTE: NOT AUTHORIZED FOR DISTRIBUTION IN CANADA or MEXICO: INITIAL: _____

Please complete and submit this form to ARRF by fax: 760-414-3977 or by E-mail: c@logoinc.com