

Processor Information/Contact Sheet Michigan Sportsmen Against Hunger

Please fill out the information below. This will assist us in keeping our records up to date and the ability to contact you when there any changes to our program. ~Thank you~

MSAH PROCESSOR APPLICATION

Business Name:
Contact Name:
Address:
City, State & Zip:
Phone Number:
Fax Number:
Email:

Please provide us with the following information:

- 1.) Have you ever collected from MSAH before? Yes or No
If **yes**, beginning what year _____
- 2.) Your license number/processing number/custom exempt number _____
- 3.) Are you insured? Yes or No
If **yes** who is your carrier: _____
- 4.) Is your business inspected? Yes or No
If **yes** by who: _____

If you are already working with a local charity, please let us know their name/address/phone number. If you are not working with someone right now leave this blank

1)
2)
3)
4)

USPS Mail this form to:

MSAH Processor Coordinator, P.O. Box 5127, Warren, MI. 48090-5127

Email it to: msahunger@gmail.com

Thank you for your time, your efforts and your commitment to help with the fight against hunger in each of our communities.