



Grocer Request Form

Dear Grocer,

We have something in common and that is our customer. Our customer would like to purchase our product from your store.

We have multiple distribution options that are sure to fit your needs. The most important thing is that we both do what we can to take care of our mutual customer.

Please join us in providing high quality food items that are free of the top food allergens to your community. Your customers that are regulated to a diet free of gluten/wheat, eggs, dairy, peanuts, soy and other allergens will thank you with their support and patronage.

Below you will find our contact information and that of our customer. Please contact them when you have a target date as to when they can expect to see our product on your shelves.

Best Regards,
AllergyFree Foods

Name: _____

E-mail: _____

Phone Number: _____

Product That I Am Requesting: _____

AllergyFree Foods Contact Information:

(706) 265-1317 ext. 111 (phone)

310 West Hightower Drive

(706) 265-1281 (fax)

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WE ARE PROUDLY DISTRIBUTED BY:

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