

PFX 2025 Delivery Sign Up Form

Business Name: _____

Delivery Address: _____

☐ Residential Location ☐ Commercial Location

Main Point of Contact: _____

Phone Number to Call Regarding Deliveries: _____

Additional Staff to Receive Orders: _____

Preferred Delivery Window: _____

(Deliveries to occur Wednesdays, same day as our pickup market)

Special Delivery Instructions:

Please include specific information on the location of the preferred delivery door/entrance. Additionally, if you would like to grant key access to PFX, please describe your preferred dropoff procedure.
