

ALASKA QUEST LONG DISTANCE PURCHASE AGREEMENT

Upon completion of this form, SNAP clients will be able to make purchases from State of Alaska grocers in communities throughout the state using their Alaska Quest card. Both the grocer and the client understand that SNAP can only be used to purchase SNAP eligible foods.

THIS SECTION TO BE COMPLETED BY SNAP CLIENT:

(If you need assistance call 1-888-997-8111)

PRINT THE FOLLOWING INFORMATION EXACTLY AS IT APPEARS ON YOUR ALASKA QUEST CARD

CARD HOLDER NAME: _____ CARD NUMBER: _____
(DO NOT PUT YOUR PIN NUMBER ON THIS FORM, JUST PUT THE NUMBER THAT IS PRINTED ON YOUR CARD)

MAILING ADDRESS/STREET OR P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

I hereby authorize the named merchant to call JPMorgan Electronic Financial Services for voice authorizations when shopping via long distance purchasing in the State of Alaska. In signing this agreement, I agree that when I place a long distance order that the amount of groceries and associated postage that I want to charge in my SNAP benefits account will be covered by the available balance in my account. I hereby consent to the recording of any phone call to JPMorgan Electronic Financial Services.

CARDHOLDER SIGNATURE: _____ DATE: _____

CLIENT: RETURN THIS COMPLETED FORM TO YOUR GROCERY STORE.

THIS SECTION TO BE COMPLETED BY GROCERY STORE:

(If you need assistance call 1-800-350-8533)

PRINT STORE NAME: **Mailbox Groceries Alaska LLC** _____

STORE ADDRESS: **PO Box 110396** _____

CITY: **Anchorage, Alaska 99511** STATE: _____ ZIP: _____

PHONE NUMBER: **1-800-248-4419** _____

I understand and will comply with the following: For each long distance purchase by the customer an Off-line SNAP Voucher must be completed by the merchant. The merchant is required to call the Merchant Help Desk to obtain a voice authorization for each SNAP benefit purchase and then clear either through a POS terminal or send the voucher to JPMorgan Electronic Financial Services to process. The customer copy of the voucher should be included with the customer's grocery purchase. Merchant hereby consents to the recording of any phone calls to the Help Desk.

STORE SIGNATURE: _____ DATE: _____

STORE ID NUMBER: _____ STORE FNS AUTHORIZATION NUMBER: _____

Store: This agreement needs to be completed by both the merchant and the SNAP benefit recipient and forwarded to JPMorgan Electronic Financial Services prior to any long distance purchase using their Alaska Quest card.

GROCERY STORE: MAIL THE COMPLETED FORM TO:

J.P.Morgan

**JPMorgan Electronic Financial Services
Retail and Field Support
P.O. Box 30078, Tampa, FL 33630-3078**