Customer Name

Street Address

City, State Zip

Date

The individual presenting this document is an essential vendor for <CUSTOMER NAME>. As you are aware, even with the recent restrictions on work and travel outside the home, our facilities remain open during the COVID-19 outbreak to provide essential products and services to our communities.

All of our team members play a critical role in providing customers access to the products and services needed during the COVID-19 pandemic. Although this individual is not a <CUSTOMER NAME> employee, they are a part of the <CUSTOMER NAME> team that supports this effort. Their work at our facility is essential in supporting our community and providing essential commodities during a state of emergency.

If confirmation of vendor status or additional information is required, please contact the following representative of <CUSTOMER NAME>:

Name:

Phone:

Thank you for your understanding and cooperation.

**<CUSTOMER REPRESENTATIVE>**

**<TITLE>**