



Greenfield Farmers Market Credit/Debit/EBT Program Agreement

Vendor Name: _____

Authorized Representative: _____

VENDOR AGREEMENT:

- I understand all vendors must participate in this program and accept tokens as a form of payment at the Greenfield Farmers Market.
- I agree to designate a specific contact person for this program. This person will be the authorized individual to complete the reimbursement process with Greenfield Farmers Market Staff.
- Accepting Tokens:
 - I agree to accept only Greenfield Farmers Market tokens and will not accept any other market's tokens and/or printed scrip.
 - I agree to accept EBT designated tokens for the purchase of Supplemental Nutrition Assistance Program-eligible foods only. These include: bread products, produce, meat, fish, poultry, eggs, dairy products, soft drinks, candy, cookies, snack crackers and bakery cakes.
 - I agree customers will receive full value for their tokens.
- Making Change:
 - I agree to federal guidelines that disallow cash as change in an EBT transaction. I agree to provide EBT tokens as change to customers utilizing EBT tokens for payment.
 - I understand that Credit/Debit tokens may be treated as cash. Credit/Debit transactions requiring change are encouraged to use Credit/Debit tokens in return, but cash is allowable.
- I agree to post a sign (to be provided by the Greenfield Farmers Market) identifying my stall as an authorized Credit/Debit/EBT Token vendor.

Vendor Agent Signature

Date

Stall Number