

Maryland WIC

WIC VENDOR SUPPLY REQUEST FORM

Store Name: _____ WIC ID #: _____

Store's Phone Number: _____

Address: _____

Attention To (Please Print): _____

Please Indicate Number of Items Requested:

_____ *Authorized Foods List (English)*

_____ *Window Sign/Cling*

_____ *Authorized Foods List (Spanish)*

_____ *Vendor Manual*

_____ *Cashier Training Guide*

_____ *Shelf Labels*

_____ *Cashier Training DVD*

_____ *After the Transaction: A
Bookkeeper's Guide*

_____ *Cashier Quiz*

Signature

Date

Print Name

Title

PLEASE FAX COMPLETED FORM TO:

410-333-5683

or MAIL TO:

MARYLAND WIC PROGRAM

Department of Health & Mental Hygiene

201 W. Preston Street, 1st Floor

Baltimore, MD 21201