

VENDOR SUPPLY REQUEST FORM



Date: _____


Store Name: _____





WIC Vendor ID #: _____

Store Address: _____

Store Phone #: _____

Ships Attention to: _____

| Quantity | Item |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------|
| | Authorized Foods List English COMING SOON  |
| | Authorized Foods List Spanish COMING SOON  |
| | Vendor Manual  |
| | Cashier Training DVD: The eWIC Transaction  |

| Quantity | Item |
|----------|------------------------------------------------------------------------------------------------------------------------------------------|
| | Shelf Tags - roll of 100  |
| | Sign 4" x 4" 1-sided decal  |
| | Window Signs 8" x 8" 2-sided window cling  |
| | Fraud Poster  |

Return completed form by email (preferred), mail or fax:

Email: mdh.wicvendor@maryland.gov

Mail: Maryland WIC Program
 201 W. Preston Street, 1st Floor
 Baltimore, MD 21201

Fax: 410-333-5683