



Apply vendor stamp

# Vendor Supply Request Form

**Vendor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Name and Title of Person Requesting:** \_\_\_\_\_

<u>Items available for order</u>	<u>Requested Quantity</u>	<u>Filled Quantity</u>
“We Accept WIC” Poster	_____	_____
Cashier Guide	_____	_____
_____Number of registers at your location	_____	_____
WIC Approved Shelf Tags	_____	_____
Plastic Shelf Shields	_____	_____
Policy Manual	_____	_____
WIC Vendor Agreement	_____	_____
Vendor Stamp (lost/stolen or replacement)	<u>must contact vendor unit</u>	

All order forms will be reviewed and filled in the order they were received.

Filled By: \_\_\_\_\_ Date: \_\_\_\_\_

Your order has been filled except the following materials:

\_\_\_\_\_  
\_\_\_\_\_