

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