ALASKA WIC PROGRAM

VENDOR APPLICATION - AGENT AUTHORIZED TO ACT FOR VENDOR

STORE NAME: _____

MAINLING ADDRESS: _____

PHYSICAL ADDRESS: _____

The signature on this form grants authority to act as a representative for the vendor applying for authorization by the Alaska WIC Program including submission and receipt of the application for authorization, bank account information, price survey and vendor inventories, and associated correspondence to the company or individual listed below:

Name of company: _____

Name of individual: _____

Street Address: _____

Mailing Address (if different): _____

City/State/Zip: _____

Phone: _____ Email: _____

AUTHORIZATION

The undersigned certifies that he/she is the owner or has the legal authority to sign contracts on behalf of the owner that obligates the Vendor to adhere to the terms therein.

Vendor and Co-Owner (if applicable):

_____	_____
Name (printed)	Name (printed)
_____	_____
Title (printed)	Title (printed)
_____	_____
Signature	Signature
_____	_____
Date	Date