

# ALASKA WIC PROGRAM

## VENDOR APPLICATION - AGENT AUTHORIZED TO ACT FOR VENDOR

STORE NAME: \_\_\_\_\_

MAILING 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