GEORGIA WIC PROGRAM
CORPORATE INFORMATION FORM

FOR GEORGIA WIC PROGRAM OFFICIALS ONLY					
District/Unit		**Vendor Number**		**Peer Group**	

CORPORATION AND REGISTERED AGENT INFORMATION

Full Legal Name of Store _____

Full Legal Name of Corporation _____ WIC Vendor Number _____

Address _____ County _____

City _____ Zip _____

Name of Registered Agent _____

Address _____ *No P.O. Box Addresses* County _____

City _____ State _____ Zip _____

Business Telephone _____ (Area Code) Number Fax _____ (Area Code) Number

Federal Employer Identification Number (FEIN) _____

(Rev.04-13)