

GEORGIA WIC PROGRAM CORPORATE INFORMATION FORM

FOR GEORGIA WIC PROGRAM OFFICIALS ONLY

District/Unit		Vendor Number		Peer Group	
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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 _____ County _____
No P.O. Box Addresses

City _____ State _____ Zip _____

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

Federal Employer
Identification
Number (FEIN) _____