



Georgia WIC
Office of Vendor Management
Infant Formula Supplier Request Form



Date of Request:		
Requestor:		Requestor Phone #:
Reason for Request:		
Store Name:		Vendor #:
Address:		
City:	State:	Zip:

Supplier Type: Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier <input type="checkbox"/>		
Supplier Name:		Phone #:
Address:		
City:	State:	Zip:
Secretary of State Control #:		
Food Sales Establishment License #:		

Supplier Type: Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier <input type="checkbox"/>		
Supplier Name:		Phone #:
Address:		
City:	State:	Zip:
Secretary of State Control #:		
Food Sales Establishment License #:		

Vendors located outside of the state of Georgia must have current approval from another state's WIC Program. Provide information below.	
State of WIC Program:	Contact #:

Please mail via traceable method to:

Georgia WIC Program
Attn: Office of Vendor Management
2 Peachtree Street NW
Atlanta, GA 30303

WIC is an equal opportunity program and employer.