



Vendor Account Profile
WIC VENDOR APPLICATION

INSTRUCTIONS:

This self-declaration certifies that the WIC Vendor Application is accurate and complete.

- A. Type; or if completed manually, print information, sign and date this document; Photocopies and /or Images are not acceptable.
B. Complete every item; initial each correction, DO NOT use white-out or highlighters. Do NOT punch holes in this document.
C. A WIC VENDOR PROFILE APPLICATION ACCOUNT PAGE MUST BE COMPLETED FOR EACH ACCOUNT. A WIC VENDOR PROFILE APPLICATION OUTLET PAGE MUST BE COMPLETED FOR EACH STORE LOCATION/OUTLET ACCEPTING WIC FOOD INSTRUMENTS.

WIC Vendor Account # DSHS Payee ID#

1. Name of Business (must match State Comptroller's list)

2. Mailing Address City State Zip

3. Phone Fax E-mail

4. Contact person for notification of compliance buy violations/disqualifications

E-mail Fax Phone

Mailing Address/City/Zip

5. Business Ownership Type

Sole Ownership Name of Owner SSN#

Corporation State of Texas Yes No Texas Secretary of State (SoS) Charter # EIN#

Officers: Name: Name: Name:

Title: Title: Title:

Partnership (For any type of partnership, use the area below to list all partners. If there are more than 3 partners, provide the required information on your company's letterhead.)

General Partnership EIN#

Limited Partnership Texas Secretary of State (SoS) File Number EIN#

List of Partners: (Please attach the following)

Partner Name General Partner Limited Partner

Individual SSN#

Business Entity EIN#

6. If this business is a Corporation, Limited Partnership, or LLC, PRINT Name of Registered Agent

Registered Agent's Physical Address/City/Zip

7. During the last 6 years, has the vendor applicant or any of the vendor applicant's current owners, officers or managers been convicted of or had a civil judgment entered against them for fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice or tax evasion? Yes No

8. Do you purchase formula from its manufacturer? Yes No If no, please complete 8.a and 8.b.

8.a 1 2 3

8.b 1-CFN# 2-CFN# 3-CFN#

STATE USE ONLY: WIC VENDOR ACCOUNT # OUTLET # Date Received Date data entered by WIC - 20AR (6/14)