

WIC Infant Formula Distributor List Request Form

Please add the following distributors/suppliers to the Oregon WIC Infant Formula Authorized Distributor List.

Date of Request:		
Vendor Information:	Name of Authorized Vendor:	WIC Vendor ID #:
	Name of Person Making Request:	Phone Number:
Reason for Request:	<input type="checkbox"/> I searched the website and was unable to find my infant formula supplier(s).	<input type="checkbox"/> I don't have access to the internet and my supplier(s) isn't on your current list.
Supplier #1 Information:	Name of Supplier:	Infant Formula Brand/Type Bought from this Supplier:
	Supplier's Address:	Supplier's Phone Number:
Supplier #2 Information:	Name of Supplier:	Infant Formula Brand/Type Bought from this Supplier:
	Supplier's Address:	Supplier's Phone Number:

Please mail or fax this form to:

Oregon WIC Program
Vendor Team

WIC.vendorservices@state.or.us

FAX: (971) 673-0071

