WIC VENDOR AGREEMENT

This agreement is between	hereinafter referred to as the Vendor
and the Women, Infants and Children (WIC) Program of the _	hereinafter
referred to as the "Local Agency," and the State of North Car	
	This agreement will become effective on the date executed by
the last signatory below and will terminate on September 30,	2018.
AUTHORIZED WIC VENDOR STAMP	
	The undersigned represents the Local Agency and has the authority to contract for and on behalf of said agency.
The undersigned represents that s/he has read, understands, and agrees to the terms of this agreement.	Signature of Local Agency Nuthorized Representative/Date
	(Phot) Name of Local Agency Authorized Representative/Title
Signature of Owner/Officer Date	
	Name of Local Agency Local Agency Number
	Name of Cota Agency Local Agency Number
(Print) Name of Owner/Officer Title	
	Mailing Address – Street P.O. Box
Name of Vendor (Store)	State Zip Code
Mailing Address – Street, P.O. Box	(Acc Code) Telephone Number
City State Zio Scale	
(Area Code) Telephone Number	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH WOMEN'S AND CHILDREN'S HEALTH SECTION NUTRITION SERVICES BRANCH 1914 Mail Service Center Raleigh, N.C. 27699-1914
	The undersigned represents the State Agency and has
By initialing, I am verifying I have received and will comply with the Terms of Vendor Agreement.	the authority to contract for and on behalf of said agency.
	Signature of State WIC Director/Date

INSTRUCTIONS FOR COMPLETION OF THE WIC VENDOR AGREEMENT (DHHS 2768)

PURPOSE:

This Agreement authorizes food vendors to accept N.C. WIC food instruments and cash-value vouchers in compliance with federal and state WIC Program laws, regulations, rules, and policies.

INSTRUCTIONS:

- 1. Form must be completed in ink or typed. Please print.
- 2. Correction fluid or tape is not acceptable (all copies must look the same).
- 3. Only the current form effective through September 30, 2018 will be accepted.

TOP OF AGREEMENT:

- The name of the store and store number (if part of a chain) must be printed on the first line. Do not use the corporate name of the business.
- The name (no abbreviations) of the Local Agency must be printed on the second line.

VENDOR (LEFT) SECTION OF AGREEMENT:

- Provide the Vendor Stamp imprint (leave blank, if a new vendor) in box on each carbon page.
- Signature of owner and signature date are required.
- Printed name and title of owner is required.
- Name of store is required (name must be the same as name at top of form). Do not use the corporate name
 of the business.
- Only mailing address for store is required.
- Provide city, state, and zip code for mailing address of store.
- Provide phone number, including the area code, for the store.
- The vendor owner/officer that signs the Agreement must also initial by the statement at the bottom of this section that they have received and will comply with the Terms of Vendor Agreement.
- After completion of the left side of the Agreement, the Vendor retains the pink copy. The Vendor must submit
 the white, yellow, and green copies to the Local Agency.

LOCAL AGENCY AUTHORIZATION (RIGHT TOP) SECTION OF AGREEMENT:

- Signature of Local Agency authorized representative and the date signed are required.
- Printed name and title of Local Agency authorized representative are required.
- Name of Local Agency (name must be the same as name at top of form; no abbreviations) is required. Local Agency program number is required.
- Local Agency mailing address is required.
- Provide Local Agency city, state, and zip code for mailing address.
- Provide Local Agency phone number, including the area code.
- After completion of the Local Agency Authorization Section and review of the other sections of the Agreement
 that have also been completed, the Local Agency sends all copies (white, yellow, and green) to the State
 Agency.

STATE AGENCY AUTHORIZATION (SHADED RIGHT BOTTOM) SECTION OF AGREEMENT:

- The State Agency reviews the Agreement and completes the State Agency authorization section. The white copy of Agreement is retained in the State office. The green and yellow copies of the Agreement are returned to the Local Agency.
- This section is for State use only. Do not write in this section.

*The Local Agency retains the yellow copy of the fully completed Agreement and returns the green copy to the vendor.

TERMS OF VENDOR AGREEMENT

Vendor keeps pages of the "Terms of Vendor Agreement". Vendor must read, understand, and agree with the Terms. The statement on the Vendor Agreement indicating the Terms of Vendor Agreement have been received must be initialed by the owner.

RETENTION AND DISPOSITION:

This form must be retained in accordance with records retention requirements of the North Carolina Department of Cultural Resources and the North Carolina Department of Health and Human Services.

REORDER:

Nutrition Services Branch, 1914 Mail Service Center Raleigh, NC 27699-1914 Courier 54-42-01 (Use DHHS 2507)