





## WIC Vendor Agreement Signature Page

The undersigned represents that he or she is the owner, partner, member, franchisee or authorized representative or has the authority to contract for and on behalf of the retail vendor. If I misrepresent or falsify any information the application may be denied. By signing below, the vendor agrees to the general conditions and the terms of the agreement including all appendices.

Store Name	WIC Vendor #
Signature of owner, partner, member, franchisee or representative*	Date
Print name of owner, partner, member, franchisee or representative	Title
<b>*If this signature is not that of the owner, partner, member, franchisee, attach a copy of a document that authorizes the representative to sign and contract for on behalf of this business.</b>	

### **This section to be completed by the WIC Program**

By signing below, the WIC Program agrees to the general conditions and the terms of this agreement including all appendices.	
Signature of WIC Program Director	Date
<b>THIS AGREEMENT BETWEEN THE STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC HEALTH, SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC PROGRAM) AND THE VENDOR NAMED IN THIS AGREEMENT SHALL BE IN EFFECT FROM:</b>	