Tri-anim

Designation of Primary Group Purchasing Organization

Name of Facility: _____

Street Address: _____

City, State, Zip Code: _____

Contact Person: _____

Account Number: _____

Approximate # of Staffed Beds at Facility (If multiple facilities, please list each facility and document bed #):

_____

_____

The above-named health care facility ("Customer"), is a member of one or more Group Purchasing Organizations ("GPO" or "GPOs"). Because GPO pricing arrangements may vary, the Customer wishes to identify the GPO under which it will purchase product from Tri-anim Health Services, Inc. ("Tri-anim"). The Customer hereby designates the following GPO as the arrangement under which the Customer will purchase Tri-anim's products:

Designated GPO: _____

Effective Date of Designation: _____

GPO ID: _____

The Customer hereby directs Tri-anim that all purchases by the Customer on or after the above-specified effective date of designation will be made pursuant to Tri-anim's arrangement with the above-designated GPO. The Customer instructs Tri-anim that if there is a writing regarding the purchase of product from Tri-anim through a GPO that conflicts with this ***Designation of Primary Group Purchasing Organization*** form ("Designation"), Tri-anim must follow this Designation as the controlling document. If the Customer submits more than one Designation to Tri-anim, Customer instructs Tri-anim to follow the most recently signed Designation (as dated below).

The undersigned is representative of the Customer duly authorized to submit and bind the Customer in accordance with the terms of this Designation.

_____ _____

Signature **Date**

_____ _____

Print Name **Title**

Please submit completed form with your Credit Application or provide to your Tri-anim Account Manager.

Tri-anim Health Services, Inc.
5000 Bradenton Ave
Dublin, OH 43017

614.760.5000
www.tri-anim.com