



Purchasing Group Designation

Company Legal Name _____
 DBA Name (if different) _____
 Street Address _____
 City, ST, Zip _____ Phone _____
 State License # _____ DEA# _____ Tax ID _____
 HIN # _____ Anda Account # _____

_____ (Customer) is a current member of, and hereby designates _____ as the Customer's purchasing organization and is therefore entitled to receive any membership benefits that have been agreed upon with Anda under this primary designation.

Effective date of purchasing group membership _____

Please select Customer's primary class of Trade:

- | | |
|--|--|
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Physicians | <input type="checkbox"/> Hospital- In-Patient |
| <input type="checkbox"/> Government- Federal | <input type="checkbox"/> Senior Living |
| <input type="checkbox"/> Mail Order | <input type="checkbox"/> Hospital- Out-Patient |
| <input type="checkbox"/> Government- State | <input type="checkbox"/> Specialty/Infusion |
| <input type="checkbox"/> Repackager | <input type="checkbox"/> LTC Pharmacy |
| <input type="checkbox"/> Student Health | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Chain-Non-Warehousing | <input type="checkbox"/> Chain-Warehousing |

Is Customer considered a closed door or alternate care pharmacy? Y___ N___

By indicating Y above, I attest that the aforementioned Customer facility does not dispense to conventional retail customers. If Customer has a change to their closed-door or alternate care pharmacy status, notification will be sent to Anda in writing within 30 days.

Monthly Volume _____ bed or script count _____

Confidentiality Agreement

All information relating to the respective business and financial affairs of the customer and Anda including but not limited to pricing and discounts, shall be kept in strict confidence by the other party hereto. The foregoing obligation does not apply to any information that has become publicly available, that is rightfully obtained from third parties who are not bound by any confidentiality requirement, or disclosures, which are required to be made under any state or federal law.

This designation shall supersede any and all previously executed Agreements with Anda, Inc. with respect to the subject matter hereof. Customer is permitted to change purchasing organization designation one time per quarter upon 30 days written notice to Anda.

I, the undersigned hereby confirm that I am the legal owner of the abovementioned pharmacy, or that I am authorized to act on behalf of the legal owner of the abovementioned pharmacy.

Signature: _____
 Printed Name: _____
 Title: _____
 Date: _____

Please fax completed and signed form to (877) 307-1532 or email Anda_Contracts@andanet.com

Any recipient of this fax may request that Anda, Inc. not send any future advertisements to this or other specified telephone facsimile machines. To make such a request, please call 1-888-511-4582 or 954-217-4691, fax the request to 954-217-4395 or e-mail your request to faxoptout@andanet.com • Your request must identify the telephone number of each facsimile machine to which the request relates • Once you opt out you will stop receiving any and all fax advertising materials to the facsimile number(s) you have registered • Your request will no longer be valid if, after your request is made, you provide express invitation or consent to Anda, Inc. to send advertisements to you at the identified facsimile numbers • Any failure to honor your request within 30 days is unlawful.