



GPO DESIGNATION FORM

(Please save and email completed form to Steve Duke sduke@magnetgroup.com)

Vendor: _____ **Contract #** _____

This letter is our designation to be included as a participant in the Mid-Atlantic Group Network of Shared Services Cooperative agreement under all applicable terms and conditions and supercedes all previous GPO affiliations for this vendor.

It is our understanding that our participation in this agreement shall become effective no later than thirty (30) days after receipt of this authorized letter. MAGNET will notify the vendor/distributor of our intention to purchase.

If product(s) require shipment through a local distributor, please advise the distributor of choice and sales representative's name, if known:

Distributor / Sales Representative (if known)

Signature / Date

Print Name / Title *Email*

Facility

Street Address

City *State* *Zip* *Telephone*

Website

Kindly indicate estimated annual dollar volume \$ _____

This letter is a non-binding, no obligation agreement to purchase through a MAGNET GROUP contract. All pricing shall remain confidential.

MAGNET GROUP | 4823 East Trindle Road, Suite 300 | Mechanicsburg, PA 17050
717.763.5555 | www.magnetgroup.com