



PPSC Buying Group Designation for AmerisourceBergen

Name, Address, ABC Account #, DEA#, Total Wholesale Purchases, Committed to AmerisourceBergen (minimum \$50,000/mo)

Additional Stores and Account #s Under Common Ownership

\_\_\_\_\_

I/We agree to purchase under the terms and conditions of the PPSC Retail Buying Group contract with AmerisourceBergen as my Primary Supplier and purchase 90% of all pharmaceutical products from AmerisourceBergen.

I/We agree that our generic purchases will be managed by a substitution table that places ABC ProGen Generics in the primary position, PPSC Pharmacy Select generics in the secondary position And next best price contract Generic in the tertiary position.

The selection of PPSC as my primary Retail Buying Group provider replaces any previous selection I have made, if any, and will become effective within 30 days from the date of this executed document.

Account Signature

Date

RAM Signature

Original to: Cheryl Hanaoka
Account file: Brice Bovenizer
Copies to: Regional Retail Sales Admin. Dept
Carol Mitchell, PPSC, cmitchell@ppsconline.com

12. PHARMACY understands and agrees to pay to PPSC a monthly participation fee as the same may be determined by PPSC as being necessary for the maintenance and operation of its GROUP PURCHASING PROGRAM.

13. PHARMACY understands enrollment may be terminated at any time upon the giving of thirty (30) days written notice by either party.

\_\_\_\_\_  
**PHARMACY NAME**

\_\_\_\_\_  
**STREET ADDRESS**

\_\_\_\_\_  
**CITY, STATE, ZIP**

\_\_\_\_\_  
**AREA CODE / TELEPHONE NUMBER/ FAX NUMBER**

\_\_\_\_\_  
**\* BOARD OF PHARMACY PERMIT**

\_\_\_\_\_  
**\*DEANUMBER**

\_\_\_\_\_  
**NCPDP#**

\_\_\_\_\_  
**FEDERAL TAX IDENTIFICATION #**

\_\_\_\_\_  
**E-MAIL ADDRESS**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

**AMERISOURCEBERGEN** \_\_\_\_\_  
**(DISTRIBUTION CENTER CITY/STATE)**

**AMERISOUCEBERGEN CUSTOMER #:** \_\_\_\_\_

**INITIAL ENROLLMENT FEE:** \$100.00

**ADDITIONAL STORES:** \$50.00

**AMOUNT ENCLOSED:** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**\*PPSC requires a file copy of all items marked with an “\*”.  
Please include these copies with your enrollment application.**