

Alamo Vaccine Buying Group

Participating member declaration form

If more than one location, please make a copy of this form and list each location separately.

Facility Name

Physician Name

Address

DEA #

City, State, Zip

State License Number

E-mail address

**As an authorized representative, the above warrants that the facility business type is a Physician Clinic/Practice.

The purpose of this paragraph is to confirm Alamo Physician Buying Group and the above Physician Clinic/Practice have entered into an agreement in regards to the purchase of Pfizer Vaccines. Pfizer will recognize only one buying group as the participating member's primary buying group for the purchase of Pfizer vaccines. Pfizer has the sole discretion whether or not to permit the participating Physician Clinic/Practice to purchase Pfizer vaccines under the Alamo Vaccine Buying Group contract. This contract may be terminated within 48hrs. of notification by either party. Participating member acknowledges that Alamo Vaccine buying group receives administrative fees from Pfizer for the purchase of vaccines by its members. Alamo in turn passes this revenue to its member practices after expenses (salaries, legal, accounting, postage phone and web site) are deducted. This revenue is proportional to vaccines purchased. ** The amount must be over \$100.

By signing below, participating member certifiers that all of the information on this form is true, correct and complete. Further, participating member certifies and agrees that the Pfizer vaccines purchased under this agreement shall be for its own use.

Participating Member Authorized Signature

Alamo Vaccine Buying Group Signature

Print Name of Signature

print name of signature

Title

Title

Date

Date