

GROUP PURCHASING AGREEMENT

Group Purchasing Program (check the appropriate program):

Blood Community	_____
Lab and Research	_____
Physicians and Clinics	_____
Plasma Industry	_____
Tissue and Organ Banks	_____

Organization

Address

City, State, Zip

By signing below, you are indicating that your organization wants to access the Group Purchasing Program offered by Webster & Associates, Inc. allowing your organization to take advantage of the Program benefits and discounts. Signature also indicates your acceptance of the terms and conditions of the Program.

In addition, you agree to keep all Program information (including prices) confidential.

Authorized Signature

Title

Name (print)

Date

Phone Number

Please send this completed form to:

Webster & Associates, Inc.
1819 Pembroke Road
Greensboro, NC 27408-7901
Phone (336) 273-8999
Fax (336) 272-2721