



Group Purchasing Alliance - Ethicon Program Enrollment Form

FOR AMERINET MEMBER ONLY

Please fill out and Fax to: 800-836-4644

Date Completed _____

Facility Name _____

Facility Director _____

Telephone _____ Fax _____

Legal Address _____

City _____ County _____ State _____ Zip _____

How do you prefer to be contacted? Phone FAX E-Mail (*must supply e-mail address below*)

E-Mail Address (*optional - by supplying this you agree to receive periodic updates from GPA*) _____

Are you interested in the Ethicon/GPA Contract Pricing Program through Suture Express? Yes No

Are you a current customer of Suture Express? Yes No

If yes, please provide your account number if you know it.

Suture Express - account # _____ I lost my account number

Principals: Owner/ Partner/Officer _____

Office Manager _____

Names of *Other Physicians* using facility _____

Name of person responsible for purchasing/ordering Office Supplies _____

Name of person responsible for purchasing/ordering Med/Surg Supplies _____

Signing this does NOT obligate you to purchase anything under our contracts.

By signing this form you understand and agree that you are authorizing GPA to act as a purchasing agent/ broker on behalf of your facility. The goal of this arrangement is to allow GPA members to join together to leverage purchasing strength in order to purchase goods and services at lower prices. Please refer to our Terms of Use Disclosure & Agreement for a further explanation regarding our role and obligations at www.GroupPurchasingAlliance.com/terms.htm

Signature (required) _____ Date _____