



CPSI/FAHSA Group Purchasing Enrollment Agreement



This Enrollment Agreement entitles you to participate in Group Purchasing Organizations (“GPO(s)”) of each of Care Purchasing Services, Inc., (CPSI) and FAHSA. The CPSI GPO may act as contracting agent for the FAHSA GPO. Enrollment in the GPOs of each of CPSI and FAHSA entitles you (the “Participant”) to access all pricing and benefits offered by the vendors in their contracts with CPSI as the GPO contracting agent. Enrollment begins on the date this completed and signed Enrollment Agreement is received by CPSI and FAHSA, and continues until the earlier to occur of (a) termination of the Participant’s CPSI membership, (b) termination of the Participant’s affiliation with its state association, or (c) Participant’s written withdrawal from this Program. This Enrollment Agreement does not obligate or commit the Participant to purchase from any vendor.

As a direct result of your purchases from the Program’s vendors, CPSI and FAHSA will receive an administrative fee of up to one and one half percent (1½ %) directly from the vendors, for a combined fee for CPSI and FAHSA of up to three percent (3%).

In order to assure that the participating CPSI vendors correctly price your orders, **please identify yourself as an CPSI/FAHSA Group Purchasing Program participant and provide your CPSI ID# when placing all orders.**

Member Organization: _____

GP Contact Name: _____

Street Address: _____

Mailing Address: _____

City/State/Zip: _____

Phone () _____ Fax () _____

E-mail _____

CPSI collects e-mail addresses for periodic program updates and communications to you. CPSI will not sell or misuse your e-mail address.

Please FAX to (561) 243-3733 (No Cover Sheet Required)

Participant affirms its association and affiliation with each of the CPSI and FAHSA GPO, and wishes the option to purchase from the Program’s vendors accessing the GPO contracts. In addition, Participant wishes to access any future contracts that CPSI group purchasing may enter into as long as the Participant remains enrolled in the Program

By submission of this Enrollment Agreement, the Participant hereby appoints both the FAHSA GPO and the CPSI GPO to act as a purchasing agent for it.

Authorized Contact: _____ Authorized Signature: _____
(Please Print)

Date: _____ Title: _____ CPSI Facility ID# _____
Call (800) 543-3491 to receive facility ID.

Enrollment accepted by CPSI on this _____ day of _____

By FAHSA: _____ Title: _____

By CPSI: _____ Title: _____

A fully executed copy of this Enrollment Agreement will be faxed to the GP Contact listed above from CPSI.