

McKESSON

National Cooperative Purchasing Alliance Primary GPO (Group Purchasing Organization) Designation Form

McKesson Customer GPO (Group Purchasing Organization) Designation

1. Request Date

Date Must be a Value of Today or Greater. Account Will Be Processed Within 10 Business Days Of This Date. (Unless Otherwise Noted)

2. Customer Account Name

3. McKesson Bill To Account Number(s).

Any Ship To Account Under The Bill To(s) Will Be Included In The Designation. (Bill To Number(s) Can Be Found In The Body Of The Email With The Link To This Form)

Bill to:

4. Any Exclusions/Exceptions To The Above Account(s) Designations(s)

N/A(None)

5. Please Designate Your Preferred Primary GPO For The Above Account(s)

6. By submitting this Designation form, you represent and warrant that the goods, products and services purchased by you have not been and will not be paid for, in whole or in part, under Medicare, Medicaid or any other Federal health care programs. In the event it is discovered that any goods, products or services purchased by you have been paid for, in whole or in part, by a Federal

MCKESSON

health care program, National Cooperative Purchasing Alliance may, without notice, be removed as your primary GPO affiliation of record with McKesson Medical-Surgical.

I Agree

I Do Not Agree

TARRANT COUNTY JUDGE

Approved as to Form:

By: _____

Kimberly Colliet Wesley

Printed Name: _____

Criminal District Attorney's Office

Title: _____

Dated: _____