Anda MEDS
Physician & Specialty Distribution

ATLAS MD

Purchasing Group Designation

Company Legal Name _____

DBA Name (if different) _____

Street Address _____

City, ST, Zip _____ Phone _____

State License # _____DEA# _____ Tax ID _____

AndaMEDS Account # _____

_____ (Customer) is a current member of, and hereby designates _____AtlasMD_____ as the Customer's purchasing organization and is therefore entitled to receive any membership benefits that have been agreed upon with Anda under this primary designation.

Effective date of purchasing group membership _____

Please select Customer's primary class of Trade **:**

○ Clinic
○ Physicians

Confidentiality Agreement

All information relating to the respective business and financial affairs of the customer and Anda including but not limited to pricing and discounts, shall be kept in strict confidence by the other party hereto. The foregoing obligation does not apply to any information that has become publicly available, that is rightfully obtained from third parties who are not bound by any confidentiality requirement, or disclosures, which are required to be made under any state or federal law.

This designation shall supersede any and all previously executed Agreements with Anda, Inc. with respect to the subject matter hereof. Customer is permitted to change purchasing organization designation one time per quarter upon 30 days written notice to Anda.

I, the undersigned hereby confirm that I am the legal owner of the abovementioned practice, or that I am authorized to act on behalf of the legal owner of the abovementioned practice.

_____
Signature

Printed Name _____

Title _____

Date _____

Please fax signed form to (954) 217-4138