



GlaxoSmithKline Purchasing Declaration Form



* Incomplete information will result in processing delays.

*IF MORE THAN 1 LOCATION, PLEASE MAKE A COPY OF THIS DEC FORM AND LIST EACH LOCATION SEPARATELY.

Participating Member Name (Facility Name)
Address
City, State, Zip
Telephone #
E-mail address

Physician Name
DEA # (DEA address must match facility address)
State License Number / Exp. Date
Fax #
HIN#

PLEASE LIST PRIMARY DISTRIBUTOR AND/OR WHOLESALER*

*Not required for customers intending to purchase directly from GSK

Distributor/ Wholesaler #1

REGISTERING FOR WHICH GSK AGREEMENT?

Please check one of the following:

- BEXSERO ONLY (518249-01)
FULL PORTFOLIO (405508-01)

PLEASE CHECK TYPE OF BUSINESS:

- Physician Clinic/Practice
Occupational Health Clinic - Public Health Initiatives
City/County/State Funded Health Clinic
Outpatient Hospital Clinic
Occupational Health Clinic - Private (Corporation)
Oncology Clinic
Acute Long Term Care
Other (please describe:)

AS INDICATED ABOVE, AS AN AUTHORIZED REPRESENTATIVE, WARRANT AND REPRESENT THAT THE FACILITY NAMED IN THIS REQUEST IS THE FOLLOWING BUSINESS TYPE. (Required)

THIS CUSTOMER TYPE OVERRIDES ANY TYPE OF SELF-IDENTIFICATION SUBMITTED PER YOUR REGISTRATION ON GSKVACCINESDIRECT.COM

CERTIFICATION:

The purpose of this paragraph is to confirm the buying group affiliation of the above named entity (the "Participating Member"). GlaxoSmithKline LLC ("GSK") will recognize only one buying group as the Participating Member's primary buying group for the purchase of GSK products.

By signing below, Participating Member certifies that all of the information on this form is true, correct and complete. Further, Participating Member certifies and agrees that (1) any GSK product purchased under any agreement shall be for its "Own Use," as defined by the United States Supreme Court in Abbott Laboratories et al. v. Portland Retail Druggist Association, Inc., 425 U.S. 1 (1976), and Jefferson County Pharmaceutical Association, Inc., v. Abbott Laboratories, et al., 103 S. Ct. 1011 (1983), (2) it does not and will not prevent its wholesalers and distributors from reporting purchasing data to the GSK third party data source, (3) it permits and will continue to permit GSK sales force open and free access to their clinics for the legal promotion of GSK products, and (4) it will disclose any discounts received hereunder, including the contract prices, any performance rebates, and any passed-through ASFs, as reductions in its acquisition costs for GSK Vaccines to the extent required by any government entity or private payor.

"Participating Member"
Authorized Signature
Print Name of Signature:
Title:
Date:
National Physician Care
NPC Signature
Print Name of Signature:
Title:
Date:

Please complete all sections and fax to: ATTN: Account Manager, NPC (888) 363-0722

For Internal GSK use only: - CRA/Membership Coordinator verified member information; all updates will be fed from CARS to website.

Affiliation: National Physician Care

- Accepted
Rejected if so, Reason
Initials