



**ACKNOWLEDGEMENT OF PRIMARY NATIONAL
GROUP PURCHASING ORGANIZATION**

Practice/Medical Group Name: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____

Designated GPO: Premier, Inc. (ProviderSelect:MD)
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I, _____, Practice Administrator/Office Manager, hereby acknowledge that Premier Purchasing Partners (ProviderSelect, LLC) is the primary national group purchasing organization for _____, (practice name) including its additional bill-to and ship-to locations. Premier Purchasing Partners has the right to utilize this acknowledgement with suppliers of healthcare products and services.

Authorized Account Signature: _____
Print Name: _____
Title and Date: _____