



Philips Healthcare ("Philips")
Contract Designation Form

Customer to enter contract name and number

Submitted pursuant to the Philips Agreement
between
Philips Healthcare
a division of Philips Electronics North America Corporation ("Philips")
and

Vizient /Savvik Buying Group #CE2542

CUSTOMER TO ENTER GPO OR MHS

(Multi Hospital System or Group Purchasing Organization)

1. MEMBERSHIP

Member hereby affirms that it is a valid Member of the multi-hospital system ("MHS") or group purchasing organization ("GPO") indicated above. Member is defined as a Hospital or other legal entity under contract with the MHS or GPO.

2. DESIGNATION

Member hereby designates MHS or GPO as its sole representative for negotiating purchase agreements with Philips. Member agrees that such designation will remain in effect so long as Member continues its present association with MHS or GPO or until Philips receives notification that Member's participation is discontinued. In such event, Member shall no longer be eligible to purchase under the agreement between GPO or MHS and Philips ("Agreement").

3. PURCHASES

Members are responsible for obtaining a copy of their purchase agreement directly from the MHS or GPO. Member agrees that all purchases of Philips products shall be governed exclusively by the terms and conditions of the Agreement. Member's additional or different terms and conditions, whether stated in a purchase order or other document issued by Member, are specifically rejected and shall not apply to the transactions between Member and Philips products.

4. CANCELLATION

Any existing Designation Form between Philips and Member shall be canceled on the date of Philip's acceptance of this Designation Form.

IMPORTANT!!

- Orders referencing a purchase agreement cannot be placed until Philips receives and accepts this signed designation form.
All orders must reference the purchase agreement number to receive a discount.
Upon Philips acceptance of this form, after it is signed by the Member and returned to Philips, Philips will countersign and return a copy to the MHS or GPO referencing the purchase agreement in the space below.

MEMBER
Service Name
Street Address
City, State, Zip
Typed Name/Title
eMail
Phone Fax
Signature/Date

PHILIPS
Typed Name/Title
Signature/Date

After completing Designation Form, mail/fax/email to:

Julie Fontaine
PO Box 2286
St. Cloud MN, 56302
Phone: (320) 492-0349
Fax: (320)251-8154
jfontaine@savvik.org

Member ID # (office use)