



Letter of Commitment PedsPal Group Purchasing Program

In return for access to special pricing and payment terms afforded under the program/contract which **Office Depot** has with Cook Children's Physician Network, (the PedsPal Group Purchasing Program), I/we hereby express our intention to be an active Participant in said program. I/we hereby assert that the PedsPal Group Purchasing Program is our only current group affiliation, and we intend to use and support the program/contract with the dealer/manufacturer named above.

In affirming our position as a Participant in the PedsPal Group Purchasing Program, we acknowledge that we are hereby appointing PedsPal as our agent in group purchasing matters, and expressing our desire to be represented by PedsPal in current and/or future negotiations or bidding for these and similar products.

We understand that PedsPal receives Administrative Fees in connection with our purchases from the dealer/manufacturer named, that the fees will be 3 percent or less of the cumulative purchase prices paid by the Participant, and that such fees are retained by PedsPal, in lieu of program participation fees being charged to the Participant by PedsPal. We further understand that, upon our written request, PedsPal will provide details on the Administrative Fees collected by PedsPal attributable to purchases made by Participant.

Name: _____ By: _____
Practice/Clinic (Participant) *(Authorized Signature)*

Address: _____ Title: _____

City/State/Zip: _____ Date: _____

Phone: _____ Fax: _____ e-Mail: _____

Upon completion, please forward to **Cook Children's Physician Network**, Attn: Group Purchasing, 750 8th Ave., Suite 305, Fort Worth, TX 76104 (Phone 682-885-7257 (PALS), Fax 682-885-5860)

REVIEWED AND APPROVED for PedsPal pricing:

By: _____ Date: _____