

EXHIBIT A

Products or Services

Manufacturer (if other than Vendor)

Line Item Price (Complete Excel EXHIBIT A Attachment)

HCPCS Code (Mandatory by Medicare Effective 04/01/06)

Return Goods Policy

Product Recall Policy

Warranty Information

EXHIBIT B

Patronage Dividends and Other Incentives

Vendor shall submit to Cooperative Services of Florida, Inc. the following information with the Patronage Dividend checks:

Time period for the check

Sales detail (by hospital) - which should include product #, Product description, Units and Sales \$ (hard copy and in Excel format)

All Patronage Dividend checks and supporting documents should be sent directly to:

Gayle Reynolds
VP -Finance
Cooperative Services of Florida
5597 8th Street West
Lehigh Acres, FL 33971
greynolds@leesar.com
Phone# 239-303-3407

With a copy of the electronic back up to Rita Lee at - rlee@csofl.com)

EXHIBIT C

Minimum order requirement (cases) _____

Minimum Order required to pay freight _____

Freight, (paid by Leesar or vendor) _____

Requirements for special order/Drop shipments _____

Payment terms and early pay incentives _____

Tracing fees (Y or N; define) _____

Other dealer margin funding (% and/or \$) _____

Vendor Managed Inventory (Y or N)
(Upon Leesar Request) _____

Internet/EDI Purchase Order Processing _____

Buy bulk incentives (Y or N; define) _____

Price Protection for life of contract (Y or No) Yes

Re-stocking fees _____

Initial _____

ADDITIONAL INFORMATION

Corporate/Local Responsible Parties

Corporate Contact:

Name:

Address:

City, State, Zip:

Business Phone Number:

Cell Phone Number:

Fax Number:

Email address:

Local Representative Contact Information:

Name:

Address:

City, State, Zip:

Business Phone Number:

Cell Phone Number:

Fax Number:

Email address:

Vendor Status

Vendor Name:

Minority Owned Business:

Yes _____

No _____

Woman Owned Business:

Yes _____

No _____

ADDITIONAL INFORMATION

Value Added Enhancements

ADDITIONAL INFORMATION

Implementation Plan

ADDITIONAL INFORMATION

Any/All Bilateral Contracts or Vendor required documents for signature

