

Pricing & Consignment Agreement Request Checklist

Please provide responses to the following questions when submitting a request for either Pricing or Consignment Agreement or the renewal of an agreement.

Date of Request		New Agreement Request	Renewal
Name of Distributor			
Is this a Consignment or Pricing Only Agreement?			
Name of the Hospital			
Address of the Hospital			
Hospital Group (if applicable)			
Is the agreement for all hospitals in the group?			
What is the term of the Agreement one, two or three years?			
Hospital Contact Name, Title, Email address and phone number. *Please note this person will be responsible for communication regarding this contract with our US Legal Counsel.			
Hospital employee who agreed to assist with stock takes (consignment only)			
Distributor contact who agreed to assist with stock takes			
Hospital employee who requested contract renewal.			
Hospital employee who approved pricing or price increase for renewal.			

Product	Consignment Quantities	Unit Pricing	Product	Consignment Quantities	Unit Pricing
STIMULAN Kit 5cc 600-005			STIMULAN Rapid Cure 3cc 620-003		
STIMULAN Kit 10cc 600-010			STIMULAN Rapid Cure 5cc 620-005		
STIMULAN Bullet Mat & Introducer 660-001			STIMULAN Rapid Cure 10cc 620-010		
genex BGS 5cc 910-005			STIMULAN Rapid Cure 20cc 620-020		
genex BGS 10cc 910-010			OsteoPrecision™ Graft Delivery Device 990-001		

Requested by		Date	