

## 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
Is this a renewal?	Yes	No
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?		
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		

Product	Consignment Quantities	Unit Pricing	Product	Consignment Quantities	Unit Pricing
STIMULAN Rapid Cure 5cc 620-005			STIMULAN Kit 5cc 600-005		
STIMULAN Rapid Cure 10cc 620-010			STIMULAN Kit 10cc 600-010		
STIMULAN Rapid Cure 20cc 620-020			genex 5cc 900-005		
STIMULAN Bullet Mat & Introducer 660-001			genex 10cc 900-010		

### FOR CORPORATE USE ONLY

Annual hospital/group sales	
Comments	

Requested by		Date	
Approved by	William E. Connelly	Date	