



5025 Plano Parkway
 Carrollton, TX 75010
 www.ipnonline.com

Membership Application Agreement

For more information, please contact Member Services at (888) 536-7697 ext 3103. All completed forms should be returned via e-fax to Member Services at 844-322-9404.

Please select the specialty or specialties that apply.

Asthma & Allergy Cardiology Dermatology Gastroenterology Neurology Orthopedics
 Pulmonology Rheumatology Urology Vision Other _____

Membership Agreement

This Membership Agreement ("Agreement") is made by and between IPN and Applicant effective as of (current date):

Legal Name of Organization (Applicant)

Address of Administrative Office

City

State

Zip Code

Practice Information

By providing e-mail address(es) and signing this agreement, Applicant hereby grants IPN permission to contact Member via e-mail and/or fax in order to pass on information regarding educational meetings, product/pricing announcements, and/or any other information that IPN deems may be of interest to Member, consistent with the requirements set forth in the Junk Fax Prevention Act of 2005.

Legal Name of Practice

Tax ID

Address of Practice

City

State

Zip Code

Dispensing Location _____ Dispensing pharmacy on site: Yes No

Number of Physicians in Practice

Telephone Number

Fax Number

Office Contact

Title

E-mail Address

Lead Physician Name

E-mail Address

Administrator Name

E-mail Address

*If there are additional affiliated sites, please provide on company letterhead identifying each with practice name, address, telephone, fax, e-mail address and physician.

Physician(s) Name(s)	DEA Number	Medical Specialty	Professional E-mail Address

**If necessary, please list additional physician information in the designated section on the next page.*

Practice Information (continued)

Physician(s) Name(s)	DEA Number	Medical Specialty	Professional E-mail Address

Signature and Certification

By submitting the following application information and signing this Agreement, Applicant agrees to enroll as a Member of IPN, and to permit IPN to negotiate and administer certain purchasing agreements on its behalf. One program offered to Members by IPN is a group purchasing function where IPN has negotiated with vendors of a variety of goods and services on behalf of its Members. In that regard, the parties acknowledge that vendors from whom goods or services are purchased by Members may pay to IPN an administrative fee, the percentage of which will vary but will be no more than three percent (3%) of the value of the purchases, unless Members receive advance notice of such fees. If the Member is an entity that is a healthcare provider of services, IPN shall disclose in writing to the entity, at least annually, the fee amount received from each vendor with respect to purchases made by on behalf of the entity.

The parties acknowledge and agree that all goods purchased by the Member will be subjected to an "own use" restriction, and that resale by Member is therefore prohibited.

Either party may terminate this Agreement by giving to the other party thirty (30) days written notice. Notice shall be effective upon receipt.

IPN hereby accepts Applicant as Member:

 X
Practice Signature

 X
By

Printed Name

Printed Name

Title

Title

Date

Date



Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Rebate Contact Information

The following information is needed so that we can ensure the correct person within your practice is receiving your current rebate information. Please provide us with a "Primary Rebate Contact" and "Back-Up Rebate Contact". This person(s) will receive all rebate notification emails letting them know when a specific payment has been processed and when you should expect to receive the check in the mail.

Primary Rebate Contact (required):

E-mail address:

Back-up Rebate Contact:

E-mail address:

Full address of where you would like your rebate checks mailed to.

Practice Name:

Attn (optional):

Street Address:

City, State, Zip:

Direct Deposit

We also offer the opportunity to receive your rebates via direct deposit. Your Primary Rebate Contact will still receive the rebate notification emails but all rebates will be automatically deposited rather than sent via check. This option does shorten the wait time for rebate dollars and also prevents check loss or misplacement.

If you would like to sign up for Direct Deposit, you may either call our toll free number at 844-786-5472 or email BPSsetup@amerisourcebergen.com. The following information will be needed in order to request setup: Bank Name, Routing Number, Account Number, Contact Name, and Contact Phone Number.

W9 Form

As a reminder, IPN must have your current W9 form on file before any rebate (check or direct deposit) can be processed. A W9 form is attached and can be submitted with this form.

Please submit this form and your W9 form to Member Services via fax at: 800.850.7016