Acknowledgment of Confidentiality and Non-Disclosure Obligations

The undersigned, a prospective business associate ("Prospect") of CCPA Purchasing Partners, L.P. ("CCPA PP"), is reviewing potential business opportunities and/or is considering entering into a marketing agreement with CCPA PP and accordingly has or may have access to vendor pricing and other proprietary information.

For the benefit of CCPA PP in the administration of the above-referenced arrangements, the undersigned hereby affirms that Prospect will not disclose to any third party any of the following information:

(i) Proprietary business information, not available to the general public, which is obtained by the Prospect; or

(ii) The specific vendor pricing provided for under the agreement between CCPA PP and Prospect

The Prospect agrees to indemnify, defend, and hold harmless CCPA PP and its employees, officers and directors from and against any claim (including the costs of the investigation and defense thereof and any damages assessed) arising from or out of any breach by the Prospect of this agreement.

___________________________________ (________)_ ___________________
Business Name      Phone

Signature of Authorized Representative

___________________________________
Title

___________
Date

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I would like to receive sample pricing for the following contracted vendors:

☐ Merck  ☐ ADP Payroll Services  ☐ Alliance Tech Medical  ☐ CDW  ☐ RhinoDox  ☐ First Data
(vaccines)  (payroll services)  (respiratory products)  (computers)  (document storage; scanning)  (electronic payments)

☐ Sanofi Pasteur  ☐ LB Medwaste Services  ☐ McKesson  ☐ Medix Staffing Solutions
(vaccines including Flu)  (medical waste disposal)  (medical-surgical supplies)  (temporary staffing)

☐ MedImmune  ☐ OEC Business Interiors  ☐ Staples  ☐ Summit Technologies
(Flu vaccines)  (office furniture)  (office supplies)  (IT support)

Alliance Tech Medical and McKesson provide sample pricing that is tailored to various physician specialties. If your practice is interested in either/both vendors, please indicate the specialty(ies) of the physician(s) in your office:

_______________________________________________________________________________

Please provide the email address or fax number to where you would like this pricing sent:

Email Address: ________________________________ (OR) FAX: ____________________________