



Manager:	_____
Region:	_____
Date Rec'd:	_____

## MANUFACTURER ALLOWANCE PROGRAM AUTHORIZATION TO RELEASE DATA (LOA)

To Whom it May Concern:

We \_\_\_\_\_ as indicated below, have authorized PRIME Services, Inc. to request from you, information as it relates to the purchase of products from your company to collect rebates on our behalf. We would like to request that you provide to PRIME Services, Inc. regular and timely reporting of purchase transaction data (and other supporting information as necessary) for our facility.

We would like to participate solely with PRIME Services, Inc. as our Group Purchasing Organization (GPO) for the distributor listed below under the Manufacturer Allowance Program. (If you are currently under another GPO for the distributor listed below, a letter of termination must be included to notify all parties).

We currently do not have any direct programs with manufacturers. (If there are programs in place, please list them below).

I am an authorized agent, owner or employee of \_\_\_\_\_ and acknowledge that I have the authority to enter into a participation agreement with PRIME Services, Inc. and all information provided is correct to the best of my knowledge. I also acknowledge that if we have any direct programs with manufacturers, those manufacturers will be eliminated from this program and we will not be eligible under PRIME Services, Inc. for those particular manufacturers.

If PRIME Services, Inc. discovers that a program existed that was not disclosed, we agree and authorize PRIME Services, Inc. that we wish to remain on the PRIME Services, Inc.'s Program. We will cancel our direct program within 5 business days and agree to repay any monies related to the undisclosed program(s).

Thank you for your support.

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Distributor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Please return completed form to: PRIME Services, Inc.  
6400 Sheridan Dr., Ste 112  
Williamsville, NY 14221  
Fax: 716-565-9428