



Letter of Participation Resource Rx LLC (RRx)

PHARMACY NAME/DBA	
STREET ADDRESS	
CITY, STATE, ZIP	
PHONE & FAX NUMBERS	
CONTACT AT PHARMACY	
POSITION/TITLE	
E-MAIL ADDRESS	

In consideration of the *opportunity* to purchase certain products and/or services at prices offered by RRx our Pharmacy declares its affiliation with RRx for the purpose of purchasing products and/or services from Supplier pursuant to the Supplier Agreement between RRx and Supplier. RRx is authorized to provide Supplier a copy of our signed Letter of Participation to assure that all pricing negotiated by RRx is made available to our Pharmacy by the Supplier. Supplier questions should be directed to the individual identified above.

Resource Rx Pharmacy:

To the extent they apply to our facility and the products and/or services we purchase, we agree to be bound by the minimum order and payment terms of the Agreement, which are incorporated into and made part of this Letter of Participation.

Authorized Signature _____ Date: _____

Print Name/Title _____

Phone _____

Return to: Resource Rx
2135 Oak Hill Dr.
Lisle, IL 60532
FAX: 877-636-8115
walt@resourcerx.ws