

Thank you for your interest in joining the Fastrack Member Services Organization. Please complete all sections of this application. Print or type all information in the space provided. *All information will be kept confidential.*

Applicant's Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Suite # \_\_\_\_\_  
 City: \_\_\_\_\_  
 State : \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone : \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Web Site: \_\_\_\_\_  
 Current Software applications: \_\_\_\_\_  
 Purchasing Agent: \_\_\_\_\_  
 Annual Revenue: \$ \_\_\_\_\_  
 Estimated annual expenditures on:  
 Supplies: \$ \_\_\_\_\_ Equipment: \$ \_\_\_\_\_  
 Pharmaceuticals: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
 Year started business ( ) Number of locations ( )  
 Number of employees ( ) # of Retail locations ( )  
 Do you have an on-line storefront? Y/N  
 Site address: \_\_\_\_\_

Is your business focused on one of the following specialties? (please check all that apply)

Equipment    Supplies    Respiratory    Mobility  
 Rehab    Infusion    Pharmacy    Specialty Drugs  
 Orthotics    Sleep    Other \_\_\_\_\_

Ownership:  
 Independently Owned    Hospital Affiliated  
 Public Company    Subsidiary of \_\_\_\_\_

If you have multiple locations purchasing product, please indicate the addresses for each below or on a separate page:

Purchasing Agent: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you belong to a national or state association or Buying Group? (Please specify)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Service/Product Lines (please check all that apply):**

- |                                                                      |                                                                          |
|----------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Home Medical Equip. _____% of total revenue | <input type="checkbox"/> Respiratory Services _____% of total revenue    |
| <input type="checkbox"/> Rehab and Assistive _____% of total revenue | <input type="checkbox"/> Services/Supplies _____% of total revenue       |
| <input type="checkbox"/> Home Infusion _____% of total revenue       | <input type="checkbox"/> Home Care Agency _____% of total revenue        |
| <input type="checkbox"/> Retail Pharmacy _____% of total revenue     | <input type="checkbox"/> Other (please specify) _____ % of total revenue |

**What Products and Services do you Offer? (Please check all that apply)**

- |                                                |                                                    |                                                 |                                                  |
|------------------------------------------------|----------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Wheelchairs           | <input type="checkbox"/> Oxygen Concentrators      | <input type="checkbox"/> Phototherapy Equipment | <input type="checkbox"/> Custom Rehab            |
| <input type="checkbox"/> Liquid Oxygen         | <input type="checkbox"/> CPMs                      | <input type="checkbox"/> Ramps and Lifts        | <input type="checkbox"/> Transfill On-Site (gas) |
| <input type="checkbox"/> Orthotics/Prosthetics | <input type="checkbox"/> Vehicle Mods. And Conver. | <input type="checkbox"/> CPAP/BiPAP             | <input type="checkbox"/> Ostomy/Colostomy        |
| <input type="checkbox"/> Hospital Beds         | <input type="checkbox"/> Apnea Monitors            | <input type="checkbox"/> Lymphedema Pumps       | <input type="checkbox"/> Low Air Loss Therapy    |
| <input type="checkbox"/> Diabetics             | <input type="checkbox"/> Volume Ventilators        | <input type="checkbox"/> Wound Care             | <input type="checkbox"/> Patient Lifts           |
| <input type="checkbox"/> Nursing Services      | <input type="checkbox"/> Bath Safety               | <input type="checkbox"/> Crutches               | <input type="checkbox"/> Walkers                 |
| <input type="checkbox"/> Canes                 | <input type="checkbox"/> Patient Supports          | <input type="checkbox"/> Specialty Pharmacy     | <input type="checkbox"/> Retail Pharmacy         |
| <input type="checkbox"/> IV Therapy            | <input type="checkbox"/> Enteral Nutrition         | <input type="checkbox"/> Aerosol Therapy        | <input type="checkbox"/> Other (_____)           |

**KEY SUPPLIERS**

**ANNUAL VOLUME**

1.	
2.	
3.	
4.	
5.	

**PLEASE INDICATE OTHER SUPPLIERS YOU WOULD LIKE OFFERED**

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

**PROVIDE THE NAMES OF STAFF THAT SHOULD RECEIVE INFORMATION RELATED TO THE FOLLOWING TOPICS:**

	<b>Name/Position</b>	<b>Telephone #</b>	<b>Email Address</b>
<b>Pricing</b>			
<b>Promotions</b>			
<b>Industry/Educational News</b>			
<b>New Products/Services</b>			

How did you learn of Fastrack MSO?  
 Tradeshow       Article       Internet       Other (please specify) \_\_\_\_\_

**Terms and Conditions:**

- Fastrack MSO is not responsible for the quality, delivery, warranty or conditions of any product or service purchased by the provider. Fastrack MSO is not the agent of the vendors.
- Fastrack MSO is not responsible for any of the provider's obligations as it relates to product purchased from the vendor. The provider is an independent contractor and not an agent of Fastrack MSO. Fastrack MSO is not the agent of the provider.
- Member acknowledges that vendors, prices, promotions and any special terms are subject to change without notice although Fastrack MSO will make every reasonable attempt to notify the member as soon as possible upon notification of any changes from the vendor.
- Fastrack MSO, Fastrack Healthcare Systems, Inc. and its' affiliates shall not be liable for any indirect, special, or consequential damages (including, but not limited to, damages for loss of business or loss of profits), whether based on breach of contract, breach of warranty, tort, or otherwise, even if advised of the possibility of such damages.
- Member agrees to keep all member's vendor pricing and terms strictly confidential.
- Fastrack MSO reserves the right to deny a member access to the on-line purchasing web portal if member fails to make purchases of product during the year from our approved vendors.

I hereby certify that all the information I have provided on this application is correct and we agree to the terms and conditions of FASTRACK MSO.

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please return this application to:**  
*Fastrack MSO*  
 255 Executive Drive, Suite 210  
 Plainview, NY 11803  
 Fax: (516) 349-8875  
 Email: [info@fastrk.com](mailto:info@fastrk.com)