



Manufacturer Appreciation Program (MAP) Letter of Participation Form

THIS FORM MUST BE FILLED OUT COMPLETELY FOR PARTICIPATION

Date (mm/dd/yyyy) _____

Contact Name: _____ Title: _____

Location Name: _____

Location Address (if multiple, please list on attached sheet): _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Cell Phone No. _____

Email (Required for Reporting): _____

Company Name on Check (multi-units only): _____

How many locations/accounts will be reporting to Atlas Purchasing? _____

MULTI-UNITS: Location Information: Locations can be listed on attached sheet. Include Location Name, Address, Account Number, and Distribution House/Division. Excel Spreadsheet preferred.

Distributor Name: _____	BRANCH/DIVISION: _____
Distributor Account No. (if multiple, please designate on attached sheet): _____	
Distributor Sales Rep: _____	Rep Email: _____

GPO AFFILIATION (REQUIRED)

IF NO:

DOES NOT CURRENTLY PARTICIPATE IN GPO

I am not aware of any other GPO food and beverage contracting relationships that are currently in effect. If any other affiliation is in place that I am not aware of, then those relationships are hereby terminated.

IF YES:

CURRENTLY PARTICIPATES IN A GPO OR PROCUREMENT SERVICES ORGANIZATION ("Affiliation")

Participation in more than one Group Purchasing Organization, through a single foodservice distributor is strictly prohibited. Any purchases with a foodservice distributor not affiliated with another GPO will qualify for the Atlas Purchasing Program.

GPO/PSO/Buying Group Name: _____ Affiliated Distributor: _____

If Customer intends to have all purchases with any foodservice distributor qualify for our program, a copy of your termination letter to existing GPO must be provided to Atlas Purchasing.

Termination Date of current GPO/Start Date with Atlas Purchasing: _____

DIRECT MANUFACTURER AGREEMENTS:

If you or any entity on your behalf has established direct manufacturer agreements for your operation, and desire to remain on those programs, you must list those in the space below in order to assure those manufacturers of your intention to remain a direct contracted party for those programs. Failure to disclose this information will acknowledge that you agree to participate in the Atlas Purchasing program with all Manufacturers not disclosed. You also agree to update Atlas Purchasing of any additions/deletions to the program below.



Manufacturer	Category	Start Date	End Date

You will be required to provide Atlas Purchasing a copy of the termination letter to each affiliate listed above in order to establish manufacturer program affiliation through Atlas Purchasing.

ACKNOWLEDGEMENT AND AUTHORIZATION Accept (required)

I am an authorized agent, owner or employee of the above Business and Acknowledge that I have the authority to enter into a participation agreement with ATLAS PURCHASING and, to the best of my knowledge, all information provided is correct. If ATLAS PURCHASING should discover that the information provided is not correct, ATLAS PURCHASING has the right to cancel or amend our participation in any and all programs. I also Acknowledge that any current programs we desire to continue through a direct relationship has been disclosed and I understand that we will not be allowed to participate in the Atlas Purchasing Programs. Further, if it is discovered that a program exists that was not disclosed above we authorize Atlas Purchasing to allow us to remain on the Atlas Purchasing program and I will cancel said direct agreement within 5 business days and agree to repay any monies related to the undisclosed program(s).

By Signing this application, I am authorizing Atlas Purchasing and its associated companies to enroll the Business listed above in all programs with the exception on Direct Manufacturer agreements. I authorize Atlas Purchasing to contact all distribution companies listed within this participation agreement in order to obtain product level data reporting for the purpose of price deviations, volume allowances tracking and opportunity analysis. I agree to and acknowledge that Atlas Purchasing may receive financial consideration from certain program providers backed on my participation.

I agree to be contacted by Atlas Purchasing for the purpose of conducting a purchasing analysis on my reported purchases so that I may optimize my savings through the program.

Member Signature: _____ Date: _____

Print Name: _____ Title: _____

Please List all locations to be added. Each location name must be unique, for example, Katy’s Diner-01 or Katy’s Diner-Boston, Lucky’s Casino-Housekeeping, Lucky’s Casino-Grocery, etc. If more than three locations, add additional page.

FOR MULTIPLE LOCATIONS, OF THE SAME OPERATOR, YOU MAY USE AN EXCEL SPREADSHEET

Location Name: _____

Location Address: _____

City: _____ State: _____ Zip Code: _____

Distributor Name: _____ **BRANCH/DIVISION:** _____

Distributor Account No.: _____

Location Name: _____

Location Address: _____

City: _____ State: _____ Zip Code: _____

Distributor Name: _____ **BRANCH/DIVISION:** _____

Distributor Account No.: _____