



FULLY EXECUTED - CHANGE 3

Contract Number: 4400023668

Original Contract Effective Date: 01/04/2021

Valid From: 12/01/2020 To: 12/31/2024

All using Agencies of the Commonwealth, Participating Political Subdivision, Authorities, Private Colleges and Universities

Purchasing Agent

Name: Zarr Jamie

Phone: 223-231-9323

Fax: 717-214-9505

Your SAP Vendor Number with us: 161111

Supplier Name/Address:

F F F ENTERPRISES INC

P.O. Box 840150

LOS ANGELES CA 90084-0150 US

Please Deliver To:

To be determined at the time of the Purchase Order unless specified below.

Supplier Phone Number: 800-843-7477

Supplier Fax Number: 951-866-9297

Contract Name:

Vaccine - FFF Enterprises

Payment Terms

NET 30

Solicitation No.:

Issuance Date:

Supplier Bid or Proposal No. (if applicable):

Solicitation Submission Date:

This contract is comprised of: The above referenced Solicitation, the Supplier's Bid or Proposal, and any documents attached to this Contract or incorporated by reference.

Item	Material/Service Desc	Qty	UOM	Price	Per Unit	Total
1	Flu Vaccines	0.000		0.00	1	0.00

General Requirements for all Items:

Information:

Supplier's Signature _____

Title _____

Printed Name _____

Date _____



FULLY EXECUTED - CHANGE 3
Contract Number: 4400023668
Original Contract Effective Date: 01/04/2021
Valid From: 12/01/2020 To: 12/31/2024

Supplier Name:
F F F ENTERPRISES INC

Header Text

CO#1- Contract has been renewed for calendar year 2022. CZ 11.2.2021

This is a new contract to provide a way for state agencies to procure influenza vaccines.

Influenza vaccines are not available and cannot be purchased from Cardinal Health, through the statewide contract for pharmaceuticals, 4400021640.

On March 19, 2020, the Governor's Office issued a General Purchasing Ban to limit spending of goods or services that are not critical to operations. The agency has determined through its internal approval process that this contract is absolutely critical to operations and the purchase does not violate the Governor's General Purchasing Ban. Additionally, however, this does not alleviate agency responsibility to request approval to issue purchase orders against this Contract

4400023668 Order Process for agencies:

1. Facility establishes an account with FFF Enterprises
2. Estimated around January 1st of each year, MMCAP InFuse publishes the negotiated contract pricing from FFF, FFF added the pricing to their system and DGS BOP adds the pricing to the contract overview for that year only. Contract pricing will provide details such as pack size, unit price, description, etc. for each specific vaccine.
3. Facilities have until March 31st to pre-book influenza vaccines by placing a purchase order with FFF Enterprises, Inc. at Product Ordering, Phone: 1.800.843.7477 or Email: ffcustomer@fffenterprises.com Website for ordering influenza vaccines: www.myfluvaccine.com Website for ordering routine vaccines: BioSupply <https://biosupply.fffenterprises.com/>
4. Before the product (the pre-booked) influenza vaccines is delivered to the facility by FFF the facility is notified by FFF of the upcoming shipment.
5. Facility receives product and invoice.
6. Invoice sent to OB - Comptroller for processing.
7. Good receipt is entered by facility for product.
7. Invoice pricing matches the MMCAP InFuse negotiated pricing from January. Verification can be made by checking the published price list on the contract overview on www.emarketplace.state.pa.us or in the Records Management section of the contract.

No further information for this Contract

Information:



FULLY EXECUTED - CHANGE 2

Contract Number: 4400023668

Original Contract Effective Date: 01/04/2021

Valid From: 12/01/2020 To: 12/31/2024

All using Agencies of the Commonwealth, Participating Political Subdivision, Authorities, Private Colleges and Universities

Purchasing Agent

Name: Walters Corinna

Phone: 717-346-7097

Fax: 717-346-3820

Your SAP Vendor Number with us: 161111

Supplier Name/Address:

F F F ENTERPRISES INC

P.O. Box 840150

LOS ANGELES CA 90084-0150 US

Please Deliver To:

To be determined at the time of the Purchase Order unless specified below.

Supplier Phone Number: 800-843-7477

Supplier Fax Number: 951-866-9297

Contract Name:

Vaccine - FFF Enterprises

Payment Terms

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Solicitation No.:

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Solicitation Submission Date:

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1	Flu Vaccines	0.000		0.00	1	0.00

General Requirements for all Items:

Information:

Supplier's Signature _____

Title _____

Printed Name _____

Date _____



FULLY EXECUTED - CHANGE 2
Contract Number: 4400023668
Original Contract Effective Date: 01/04/2021
Valid From: 12/01/2020 To: 12/31/2024

Supplier Name:
F F F ENTERPRISES INC

Header Text

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Information:



FULLY EXECUTED - CHANGE 1

Contract Number: 4400023668

Original Contract Effective Date: 01/04/2021

Valid From: 12/01/2020 To: 12/31/2022

All using Agencies of the Commonwealth, Participating Political Subdivision, Authorities, Private Colleges and Universities

Purchasing Agent

Name: Zelinski Crystal

Phone: 717-346-8112

Fax: 717-783-6241

Your SAP Vendor Number with us: 161111

Supplier Name/Address:

F F F ENTERPRISES INC

P.O. Box 840150

LOS ANGELES CA 90084-0150 US

Please Deliver To:

To be determined at the time of the Purchase Order unless specified below.

Supplier Phone Number: 800-843-7477

Supplier Fax Number: 951-866-9297

Contract Name:

Vaccine - FFF Enterprises

Payment Terms

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Supplier's Signature _____

Title _____

Printed Name _____

Date _____



FULLY EXECUTED - CHANGE 1

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Supplier Name:

F F F ENTERPRISES INC

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Purchasing Agent

Name: Zelinski Crystal
Phone: 717-346-8112
Fax: 717-783-6241

Your SAP Vendor Number with us: 161111

Supplier Name/Address:
F F F ENTERPRISES INC
P.O. Box 840150
LOS ANGELES CA 90084-0150 US

Please Deliver To:

To be determined at
the time of the Purchase Order
unless specified below.

Supplier Phone Number: 800-843-7477
Supplier Fax Number: 951-866-9297

Contract Name:
Vaccine - FFF Enterprises

Payment Terms
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Solicitation No.: _____ Issuance Date: _____
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Information:

Supplier's Signature _____
Printed Name _____

Title _____
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- No further information for this Contract

Information:

FFF Enterprises, Inc. New Account and Customer Credit Application

Please read all information carefully

<p>1. Account Information</p> <p>Legal business name _____</p> <p>Main phone number _____ Fax _____</p> <p>Billing address _____</p> <p>City _____ State _____ Zip _____</p> <p>Purchasing contact _____ Phone _____</p> <p>Purchasing contact email _____</p> <p>A/P contact name _____ Phone _____</p> <p>A/P contact email _____</p> <p>Invoicing preference: <input type="checkbox"/> Print and mail USPS, or <input type="checkbox"/> Email address _____</p> <p>Taxable? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach tax-exempt resale certificate title.</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship</p> <p><input type="checkbox"/> Franchisee <input type="checkbox"/> LLC <input type="checkbox"/> 501C3 (non-profit)</p> <p>Company financially responsible for purchases _____</p> <p>Address _____</p>	<p>6. Facility type to which product will be shipped (please check the most applicable):</p> <p><input type="checkbox"/> Government/City/State <input type="checkbox"/> Oncology/Hematology</p> <p><input type="checkbox"/> Hospital <input type="checkbox"/> Home infusion</p> <p><input type="checkbox"/> Blood bank <input type="checkbox"/> Long-term care</p> <p><input type="checkbox"/> Hospital outpatient clinic <input type="checkbox"/> Open-door pharmacy</p> <p><input type="checkbox"/> Wholesaler/Distributor <input type="checkbox"/> Closed-door pharmacy</p> <p><input type="checkbox"/> Community vaccinator <input type="checkbox"/> Industrial</p> <p><input type="checkbox"/> Physician – specialty*: _____</p> <p><input type="checkbox"/> Clinic – specialty*: _____</p> <p><input type="checkbox"/> Other – please specify: _____</p> <p>If you require multiple ship-to addresses, please attach a separate sheet with shipping address and acceptable licensing for each facility.</p>
<p>2. Delivery Information Address</p> <p>Delivery address _____</p> <p>Attention _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Contact name _____</p> <p>Email address _____</p>	<p>7. Acceptable Licensing</p> <p>Federal and state laws require FFF to verify licensing to purchase prescriptions or products labeled "Rx Only."</p> <p>License Type: _____</p> <p>License No.: _____</p> <p>Exp. Date: _____</p>
<p>3. Additional Information</p> <p>Tax Payer Identification _____</p> <p>Are there any suits, liens or judgements over \$50,000 filed against applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach explanation.</p>	<p>Please fax license(s) with application to: (951) 240-4504 ATTN: SALES OPS</p>
<p>4. GPO Information</p> <p>Is your business part of a GPO (Group Purchasing Organization)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, which affiliation(s)? _____</p> <p>GPO Member Identification Number _____</p>	<p>8. Customer Identification</p> <p>To assist with manufacturer facility identification, please provide a DEA (Drug Enforcement Agency) license or HIN (Health Industry Number):</p> <p>_____</p>
<p>5. Estimated Monthly Purchase (please check the appropriate box)</p> <p><input type="checkbox"/> \$0 - \$5,000</p> <p><input type="checkbox"/> \$5,001 - \$20,000</p> <p><input type="checkbox"/> \$20,001 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 + (may require financials)</p>	<p><u>Please sign Terms and Conditions on page 2</u></p> <p> </p> <p>* - Requires guarantee</p>

Official Use Only	Date:	Time:	Credit limit:	Account credit checked by:
	Date:	Time:	Order Pending:	Account set up by:

FFF Enterprises New Account and Customer Credit Application
Please read all information carefully
Terms and Conditions

Terms: This application is submitted to FFF Enterprises Inc. for the purpose of obtaining credit. The undersigned represents and warrants that all information contained herein is current, correct and complete, and that FFF may rely on such information in deciding to extend or discontinue credit. The undersigned agrees to notify FFF immediately, in writing, of any change in the foregoing information including, without limitation, any change in the nature of the business, ownership, licensure, registration name, location of the business, or financial condition.

Payment: Customers wishing to establish a credit account with FFF must complete and sign this application form. Terms of payment for all orders are Net 30 days from the date of invoice, unless otherwise agreed to in writing by the customer and FFF. Prices billed are the prices in effect at the time the customer's order is accepted by FFF. Prices are subject to change without notice. The customer hereby guarantees payment of all debts, accounts and invoices. The customer agrees to pay all debts, accounts and invoices owing to FFF in full accordance with the agreed upon terms of the sale. In the event such debts, accounts or invoices owing are not paid when due, they will accrue late charges at the rate of 1.5% per month or the maximum rate allowed by law, whichever is the lesser rate. The customer hereby agrees to pay all fees and collection costs including attorneys' fees, in the event this account is placed for collection, and waives the privilege of being sued in the customer's county of residence. Earned discounts must be taken at the time of original invoice payment.

Credits and Returns: Credit for returned merchandise will be issued only for items that are authorized for return by FFF, in compliance with FFF's Return Goods Policy. All credits will be reflected in the customer's account to apply toward future purchases. The customer must report any order discrepancies within 48 hours of receipt of product. FFF is not obligated to issue credit on discrepancies not reported within 48 hours.

Orders and Shipping: Customers that belong to a Group Purchasing Organization that has a current contract with FFF will be charged for shipping based on the contractual terms for contracted items. Customers not affiliated with a GPO that has a valid contract with FFF will be responsible for all related shipping charges. FFF will only ship to the address shown on a valid State-issued license, Registration Permit and/or license as applicable or as otherwise permitted by law, rule or regulation.

Sales Tax Information: If applicable, the customer will be charged state sales tax until such time as a valid state resale card is filed in our administrative office. There will be no retroactive credits granted for purchases made prior to the receipt. The resale card must contain a description of exempted materials for which resale is allowed in the course of business.

Own Use: Customer represents, warrants and agrees that Customer is purchasing products from FFF for its own use and use by its affiliated healthcare providers in delivering services to patients and not for resale. Customer acknowledges that FFF is relying on this representation in making its decision to sell products to Customer.

Please sign and FAX to: (951) 240-4504 ATTN: SALES OPS DEPARTMENT

FFF ENTERPRISES CHANNEL INTEGRITY PLEDGE

Because FFF's Responsible Distribution Channel provides a secure chain of custody that ensures biopharmaceutical products move only from the manufacturer through a single, ethical distributor to the customer, with no gray in between;

Because FFF's Responsible Distribution Channel protects the efficacy, integrity and safety of biopharmaceuticals and the health and well-being of patients;

And, because FFF's Responsible Distribution Channel promotes product availability, safety and cost containment;

We therefore pledge to honor FFF's Responsible Distribution Channel, the product safety it ensures, and the primary benefit that Channel Integrity provides: **improved patient safety.**

I hereby warrant and represent that FFF has the authority to bind the Customer to the terms and conditions stated above. Furthermore, the Customer agrees to comply with all conditions stated above and to authorize the release of credit information to FFF Enterprises.

Authorized purchasing agent signature (for legal account name)

Print name and title

Date

Legal account name of facility

