



# CONFIDENTIAL Agreement Details

## **UISS Agreement Information**

Items Contracted : Medical/Surgical Distribution

UISS Contract Category : Distribution Agreements & Delivery Services

Agreement Number : 1705

Agreement Term : 04/01/2006 – 12/31/2031

Price Protection : 30-day written notice of any changes

Delivery Terms : FOB Destination

## **Vendor Information**

Agreement Vendor : Mohawk Healthcare, Inc.  
247 Elizabeth Street  
Utica, NY 13501

Phone Number : (800) 962-5660 or (315) 797-0570

Fax Number : (315) 797-0365

Website : [www.emohawk.com](http://www.emohawk.com)

## **Vendor Contact Information**

Thomas Spellman, CEO  
[tomspellman@emohawk.com](mailto:tomspellman@emohawk.com)

Thomas Spellman, Jr. President & Vendor Relations  
[tspellmanjr@emohawk.com](mailto:tspellmanjr@emohawk.com)

Craig Soja, Contract Manager  
[csoja@emohawk.com](mailto:csoja@emohawk.com)

Cody Roberts, Sales Utica Area  
[croberts@emohawk.com](mailto:croberts@emohawk.com)

Mike Sullivan, Jr., Sales Albany Area  
[msullivanjr@emohawk.com](mailto:msullivanjr@emohawk.com)

John Odell, Sales, Sales CNY (Rome, Syracuse)  
[jodell@emohawk.com](mailto:jodell@emohawk.com)

Devin Frye, Sales Utica to Watertown  
[dfrye@emohawk.com](mailto:dfrye@emohawk.com)

Francesco Faccioli, Sales Rochester, Buffalo  
[ffaccioli@emohawk.com](mailto:ffaccioli@emohawk.com)



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## **Standard Terms & Conditions**

### Acute Care

- Cost Plus 5% - Monthly volume \$50,000 or more; and payment terms of 60 days from date of invoice
- Cost Plus 15% - Monthly volume \$0-\$49,999 and payment terms of 60 days from date of invoice

### Alternate Care

- Cost Plus 15% - Monthly volume of \$10,000 or more and payment terms of 60 days from date of invoice
- Cost Plus 18% - Monthly volume of \$0-\$9,999 and payment terms of 60 days from date of invoice

Will use "Best Efforts" in pricing "non-contracted" products for all Clients. Mohawk may, at its discretion, provide an account a lower cost-plus percentage without effecting this agreement.

### Delivery Terms

Orders will be delivered not later than five (5) days A.R.O. unless alternate delivery schedules have been mutually agreed upon by the ordering Client. All deliveries are F.O.B. unless mutually agreed upon.

### Substitutions

Mohawk will provide a notice to the Client if any item ordered that is "out of stock" or "unavailable" within three hours of receipt of order. No substitutions will be permitted without the advance approval from the ordering Client.

### Placing Orders

Credit application will need to be processed with references for new accounts. Credit and limits negotiated by customers.



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**MEMBER DESIGNATION FORM FOR ACCESS TO UISS AGREEMENTS**

**UISS Agreement:** Mohawk Hospital Equipment, Inc. Med/Surg Distribution **Agreement #:** 1705

As a member in good standing of United Iroquois Shared Services Inc., this facility requests authorization to participate in the agreement listed above. Under the terms of this agreement, it is understood that the vendor may be required to pay an administrative fee ranging from 0% - 3% paid to United Iroquois Shared Services if not otherwise noted in this document. All information provided will be kept in strict confidence and will be used to purchase products or services exclusively for this UISS member.

**Accepted and agreed to on behalf of:**

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

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

City/State/Zip: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

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

Form Submission Date: \_\_\_\_\_

**SPECIAL NOTATION**

If your facility is currently participating in this agreement, you do not have to complete and return this form. For new participants, please return this form to Mary Brisson at [mbrisson@iroquois.org](mailto:mbrisson@iroquois.org) for processing.

**VENDOR SECTION --- TO BE COMPLETED BY VENDOR REPRESENTATIVE**

Authorized Vendor Signature: \_\_\_\_\_

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

Date Accepted/Approved: \_\_\_\_\_

**Signing this form indicates your acceptance to add this facility to this UISS agreement.**