## **EPIC 6 Vendor Agreement Signature Form**

RFP 18.22 (Medical & First Aid Supplies, Equipment & Services)

The undersigned Vendor hereby proposes and agrees to furnish products and/or services in strict compliance with the terms, specifications, and conditions of the RFP, this Agreement, and Vendor's proposal. The undersigned further certifies that he or she is an officer of the company and has authority to negotiate and contract for the company named below and meets/agrees with all of the terms and conditions of this Agreement and the RFP.

Company Name:	Medical Wholesale, LLC
Address:	1211 Arion Parkway, Suite 118
City/State/Zip:	San Antonio TX, 78216
E-mail of Authorized Representative: jdillare	d@medicalwholesale.com
Printed Name of Authorized F	Representative:
Julie Dillard	
Title: Sales & Marketing Supervisor	
Signature of Authorized Representative:	
Date: 06/22/2022	
Printed Name of EPIC6 Authorized Representative: Matthew Reddoch	
Title: EPIC6 Manager	
Signature of EPIC6 Authorized Representative:	
Matthew Reddoc	h
Date:6/23/22	
Approved by ESC Region 6 CFO	
Date:6/23/2022	

Term of Agreement: July 1, 2022 to June 30, 2023

Unless otherwise stated, this Agreement is for a period of one (1) year with an option to renew annually for an additional two (2) years, if agreed to by EPIC6 and Vendor.