

Vendor's Exceptions / Deviations (if any):

Special Terms and Conditions:

Back Ordered Products

Pocket Nurse response: Customer will need to verify that they want notified of back ordered products by calling our customer service 800-225-1600 and noting their account of wanting to be notified of back orders.

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: Pocket Nurse Enterprises, Inc DBA Pocket Nurse

Address: 610 Frankfort Road

City/State/Zip: Monaca, PA 15061-2218


E-mail of Authorized Representative: tkitchen@pocketnurse.com

Printed Name of Authorized Representative:

Terry Kitchen

Title: Regional Territory Manager

Signature of Authorized Representative:



Date: 6/24/22

Printed Name of EPIC6 Authorized Representative: Matthew Reddock

Title: EPIC6 Manager

Signature of EPIC6 Authorized Representative:

Matthew Reddock

Date: 6/24/22

Approved by ESC Region 6 

Date: 6/24/2022

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.