



Manufacturer Appreciation Program (MAP) Letter of Participation Form

THIS FORM MUST BE FILLED OUT COMPLETELY FOR PARTICIPATION

PLEASE NOTE: Your first MAP check may arrive up to 9 months after we begin to receive purchasing data, and then quarterly thereafter if minimum purchasing requirements are met. If minimum requirements are not met, checks will arrive annually.

Date: _____ Sales Rep: _____

Contact Name: _____ Title: _____

Location Name: _____

Location Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ Cell Phone No: _____ Email (required for reporting): _____

Which Segment Best Describes this Business? _____

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

Company name on Check (multi Units Only): _____

Are you a member of a GPO? ☐

Distributor Manufacturer Agreements? ☐

If yes, Name of Group Purchasing Organization: _____

If yes, Name of companies (to prevent "double dipping"): _____

Termination Date/Start Date for Hospitality Dynamic Solutions.

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

ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE

I am an authorized agent, owner, or employee of the above business (the "Member") and have the authority to enter into a participation agreement with HDS Purchasing on its behalf. To the best of my knowledge, all information provided herein is correct, if S1 should discover that the information provided is not correct, it has the right to cancel or amend our participation in any and all programs through HDS. By signing this letter or participation, I am authorizing HDS to enroll the business listed above in one or more HDS programs as directed by the Member.

I also acknowledge that any current programs we desire to continue through a direct relationship have been disclosed and I understand that we will not be allowed to participate in the related S1 program(s). Further, if it is discovered that a program or programs exist or existed that was not disclosed above, we agree and authorize HDS to allow us to remain on the HDS program(s). Once notified, I will cancel said direct agreement within five (5) business days and agree to repay any monies related to the undisclosed program(s). In the event that a direct contract is not listed above, and a distributor bills back the manufacturer under a different deviated price program than the BEP contract, then I authorize the manufacturer to only pay or reconcile with my distributor the correct bill back amount according to the BEP contract.

By signing this letter of authorization, I hereby authorize HDS to acquire and obtain product level data and all other data relevant to the above identified Member which may include, without limitation, purchase history, inventory and stocking related information, unique and proprietary products and such other information required to manage Member's supply chain ("Member Data"). Should the distribution companies fail to provide HDS with the Member Data for any purpose, the Member hereby authorizes HDS to work with Member to secure the Member Data using its proprietary tools and technology.

I hereby authorize HDS to use such Member relevant data for the purposes of securing reporting, for the purposes of price audit and verification, securing pricing, volume allowances tracking and opportunity analysis and for any purpose directed by the Member. In the aggregate, such data shall only be used to improve manufacturer and distributor awareness regarding purchasing trends and preferences relative to its products and the industry. I acknowledge and agree that HDS is entitled to receive consideration from my distributors, manufacturers, suppliers, and service and other program providers based on my purchase and participation in HDS's programs. Member further agrees that such information may be released by HDS to its designated rebate processor. Additionally, I authorize HDS to collect and distribute rebates on my behalf, to be paid quarterly. Furthermore, I acknowledge that HDS will receive a fee for program administration and participation. In consideration of the benefits I will receive through my membership in HDS, I hereby agree on my own behalf and/or as an authorized agent of Member, to hold HDS, its subsidiaries, affiliates, and their respective successors and assigns harmless from any and all claims, suits, causes of action, which may be asserted against them and any judgments, damages, or losses arising either directly or indirectly from my membership in HDS and/or receipt of benefits as a Member thereof. Termination of membership shall only be effective upon ninety (90) days' written notice from Member. HDS reserves the right to change the HDS Membership Terms & Conditions at any time. The current HDS Membership Terms & Conditions shall be available at www.hospitalitydynamicsolutions.com and it shall be Member's responsibility to be aware of and comply with the HDS Membership Terms & Conditions.

Member Signature: _____ Date Signed: _____

Print Name: _____ Title: _____

Member Email: _____