



**VIZIENT SUPPLY, LLC PURCHASER SERVICE AGREEMENT FORM  
#SV-1520 Effective May 1, 2017**

**A. MEMBER INFORMATION:**

**REQUIRED  
GPO MEMBER ID**

Facility Name:

Address:

City:

State:

Zip:

Sales Tax Exempt:    Yes     No     \*Sales Tax Exempt #

\*If Tax exempt, it is necessary to fax a copy of your Sales Tax Exemption Certificate to the CyraCom Finance Department at (520) 745-9022 Main

Contact Person: Title:



Phone:

Fax:

Email:




**B. RATES UNDER VIZIENT SV-1520 CONTRACT:**

**Over the Phone Interpretation (OPI) Pricing is for All Available Languages 24/7/365**

All Available Vendor Languages	Dual Handset Phones <small>*Based on assessment of need by Vendor &amp; remains property of Vendor</small>	Optional Items
<b>\$0.81 per minute</b>	<b>No Charge</b> for Corded Phones	Splitter <b>\$8.00</b> each
Third Party Added <b>\$0.18</b> per minute	<b>\$5.95</b> Cordless Phones per unit, per month	Monthly Minimum Service Fee – Waived
International Third Party Added varies upon location	<b>\$50.00</b> per lost or damaged phone replacement cost	OPI Activation Fee - Waived

**Video Remote Interpretation (VRI) Pricing**

All Available Vendor Languages other than ASL	American Sign Language	Activation Fee – per billing account number/facility
<b>\$0.81 per minute</b>	<b>\$0.95 per minute</b>	<b>\$250.00 One Time Charge - Waived</b>

**Optional Equipment**

Equipment Description	Term	Rate
CyraCom Tablet Mobile Unit w/iPad	Lease – 12 month minimum	\$39.95 each plus shipping & taxes
CyraCom Tablet Mobile Unit w/iPad	Purchase	\$949.00 each plus shipping & taxes
CyraCom Flex Elite Stand/Cart w/iPad Pro	Lease – 12 month minimum	\$99.95 each plus shipping & taxes
CyraCom Flex Elite Stand/Cart w/iPad Pro	Purchase	\$1,895.00 each plus shipping & taxes
CyraCom Flex Elite Stand/Cart Only w/Bracket	Purchase	\$925.00 each plus shipping & taxes

**Additional Services Available: Please review Contract SV-1520 for Pricing or Details**

Translation & Localization	Spoken Language Proficiency and Interpreter Skills Assessments	In Person Language Interpretation
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**C. BILLING INFORMATION:**

**Payment.** Purchasers will be invoiced by Vendor and shall remit payment to Vendor within forty-five (45) days of invoice date. Vendor’s preferred method of payment is by any electronic means, including automated clearinghouse (ACH) payment or wire, however checks and credit cards are accepted. Any third-party fees incurred by Vendor in the course of receiving or preparing to receive payment from Purchasers, such as a third-party payment processing service, shall be applied to Purchasers’ next invoice, due and payable by Purchasers in accordance with the provisions of this Agreement. Any payment Purchasers fails to remit to Vendor as provided herein shall incur simple interest on all overdue amounts at the rate of the lesser of (i) one and one-half percent (1.5%) or (ii) the maximum interest rate permissible under applicable state law, every thirty (30) calendar days.

GLN if known:

Bill to:

Billing Contact/Title:

Billing Address:

City:  State:  Zip:

Phone:  Fax:  Email:

Purchase Order #

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**Section D must be completed**

Your signature below acknowledges that you are authorized to purchase under the Vizient Supply, LLC Agreement SV-1520 and you have read and understand the terms and conditions contained in the Agreement. Once you have signed and completed this form, please return it to your Account Manager or to:

CyraCom, LLC  
Attention: Contract Administrator  
5780 N. Swan Rd  
Tucson, AZ 85718  
FAX: (520) 745-9022

**Vizient Facility Participant:  
Signature - REQUIRED**

Please Print Name & Title:

Date:  
CyraCom Proprietary Document