

Instructions / Terms

- Authorized representative: please print, fill out & sign using Adobe PDF Fill & Sign (preferred method) or print, fill out, sign and scan, and email back the required information in the highlighted section below.
- Fields indicated with * are required - incomplete forms will not be accepted.
- Customer will not be eligible to purchase the same products offered on its requested agreement under any other CSL Seqirus Agreement; Customers may only access CSL Seqirus pricing through one Agreement Owner / Affiliation.
- This authorization, once approved, will remove Customer’s current agreement affiliation, and replace it with the requested agreement affiliation; Customer will be removed from any other agreement affiliation in which they are currently associated (GPO / PBG, etc.) Other acceptable authorization methods include this completed form, designation of Account Membership on flu360.com, or an executed direct agreement with Seqirus. The last Customer submission received will control the Customer’s affiliation.
- This Agreement Declaration Form will be accepted until the end of Pre-Book Period, on or around April 18, 2025. Customers may make declarations during the Pre-Book Period only.

By signing this form Customer agrees to adhere to the above terms, and any other terms in Customer’s agreement shall continue in force. For form questions, support, and submission please email: datacontrol.us@seqirus.com

*Authorized Representative’s Name

*Organization Name

*Phone

*Email

*Signature

*Date

*SUBMIT FORMS TO:
datacontrol.us@seqirus.com

Agreement / Affiliation Name: Primary Care Alliance Inc

CSL Seqirus Account #	*Business Name	*Business Address	*DEA, HIN, and/or License Number