

**New Customer Form *Thank you for printing information clearly***

**Welcome to Sanofi Pasteur!**

**To create your new customer profile, please complete the following information and fax it to 1-866-832-9383. Any missing information could delay the creation of your account. If you prefer, you may complete the information online at** [**www.vaccineshoppe.com.**](http://www.vaccineshoppe.com/) **You will be notified your new Sanofi Pasteur customer number, as long as all required information is supplied and confirmed.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Facility Name: | | | | | | | |
| Street Address: | | | | | | | Suite/BLDG# |
| City and State: | | ZIP Code: | | | | | County: |
| Telephone: | | Fax: | | | | | |
| Office E-mail Address ( required): | | | | | | | |
| ATTN Line for Shipping: | | | | | | | |
| ATTN Line for Billing (**if different than shipping please include Sanofi Pasteur account number**): | | | | | | | |
| Delivery Hours/Days (**please include if closed during lunch**): | | | | | | | |
| Type of Practice/Specialty/Facility: | | | | | | | |
| State License Number (**required**): | State License Expiration Date (**required**): | | | | Drug Enforcement Administration (DEA) Number (**required if purchasing through Wholesaler/Distributor**): | | |
| Name on State License Number (**required**): | | | Name on DEA Number( Address on DEA must match ship to address): | | | | |
| Are you affiliated with a contract or buying group? Yes \_\_\_\_No\_\_\_  If yes, please provide contract or buying group name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Wholesaler/Distributor (include location):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Primary Office Contact Person (First, Last Name) | | | | Title: | | Telephone: ext | |
| May we contact you by **e-mail about our products and services**:  (Check One) YES\_\_\_\_\_\_ NO | | | | May we contact you by **fax**:  (Check One) YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_ | | | |
| **Yellow Fever Authorization:** If Yellow Fever Authorized, please include a copy of your Yellow Fever Authorization. | | | | | | | |

Discovery Drive, Swiftwater, Pennsylvania 18370 - Tel.: 1-800-VACCINE (1-800-822-2463) - [www.sanofi.us](http://www.sanofi.us)

SANOFI PASTEUR Inc.



**Billing Address (Please complete if different than the address listed above):**

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Address: | | |
| City and State: | | ZIP Code: |
| Telephone: | E-Mail | |
| Is your practice/facility financially responsible for vaccine bills? (Check one) YES NO | | |
| Payer Number for account to be linked to (if applicable): | | |

The following states have state sales tax on vaccines:

Hawaii

Illinois (1% on medicine and 6.25% on everything else)

Louisiana – the state does not impose a tax on vaccines, but the local level does

Minnesota – does not impose a sales tax on vaccines, but there is a 2% wholesale drug distributor tax that is passed on to customers

If you are exempt from state sales tax, please include a copy of the exemption certificate with this form. Federal Excise Tax is imposed on certain vaccines by the federal government. Please note there is **no** exemption on Federal Excise Tax.

Sanofi Pasteur fax: **1-866-832-9383**

Sanofi Pasteur telephone: **1-800-VACCINE (1-800-822-2463)**

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