



New Customer Form

Thank you for printing information clearly

Welcome to Sanofi!

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. You will be notified of your new Sanofi 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 account number):		
Delivery Hours/Days (please include if closed during lunch):		Type of Practice/Specialty/Facility:
For Ohio , TDDD License Number (required):		Health Industry Number (HIN required):
State License Number (required):	State License Expiration Date (required):	Drug Enforcement Administration (DEA) Number (required):
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
SANOFI



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

Name:	
Address:	
City and State:	ZIP Code:
Telephone:	<u>E-Mail</u>
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 fax: **1-866-832-9383**

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