

**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.**

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| --- |
| 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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