sanofi pasteur
The vaccines business of sanofi-aventis Group

General Information

*Business Name: ______________________________*Sanofi Pasteur Inc. Customer No.: _______________

***Required Fields**

Note: If Sanofi Pasteur Inc. Customer Number is not known please provide business address and DEA and/or HIN information below.

Business Address: ____

DEA and/or HIN Number: _______________________________

Group Affiliation

Group Name: CCPA Purchasing Partners, L.P.

Note: Customer acknowledges that by choosing the above buying group, it will only be eligible to purchase products from Sanofi Pasteur Inc. under the contract, which Sanofi Pasteur Inc. has with this buying group, and will not be eligible to purchase products under any other contract, which Sanofi Pasteur Inc. may have with other buying groups.

Authorized Representative Name: _________________________________

Authorized Representative Signature: _________________________________

Date: _________________________________

Please fax completed form to 1-866-462-6737

A customer is limited to changing its designated buying group once every sixty (60) days.

MKT14089

sanofi pasteur . Discovery Drive . Swiftwater, Pennsylvania 18370 . Tel . : 1-800-VACCINE (1-800-822-2463) . www.sanofipasteur.us
Sanofi Pasteur Inc.