

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: _____
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.

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