

Welcome to Sanofi-aventis U.S. LLC and Genzyme Corporation. This new account welcome kit provides you with essential information on how to request a new account and understand our standard business policies and procedures. Listed below are the action steps you need to take in order to apply for a new account.

#### Documents needed to open an account:

- [Sanofi-aventis U.S. LLC/Genzyme Corporation New Customer](#)  
This application starts the process of opening a new customer account with us. Our Terms and Conditions document is attached. Please review the Terms and Conditions and contact us if you have any questions. A primary contact phone number and email address are required.
- State License
- DEA Certificate or HIN Number (Name and address on license must match application)
- 340B Drug Pricing Program number (applies to Thyrogen only)
- Tax Exemption status and State Tax Exemption or Resale Certificate

#### Customer partner set up in our system:

Each customer is set up with a Ship To, Sold To, Bill To and Payer partner account (see definitions below). Please provide a Name and Address for the respective partner accounts on Page 2 of the New Customer Application. The Supplemental Address Form on Page 5 should be used for additional Ship To addresses as needed.

- ***Ship To: The address of the business partner/facility where we ship the product.***
- ***Sold To: The address of the business partner/facility which places an order for the product (typically the same as the Ship To name and address).***
- ***Bill To: The address where we will send invoices for the product shipped.***
- ***Payer: The address of the business partner/facility that pays for the invoice (the “Credit Applicant”).***

#### Your next step:

Please complete the New Customer Application and send it, along with the other documents mentioned above, to us via fax (908-2439-201) or email: [TradeDataManagement@sanofi.com](mailto:TradeDataManagement@sanofi.com).

#### Our next step:

Once your account is established, you will receive a confirmation email with your account number and an order form.

Thank you for choosing Sanofi-aventis U.S. LLC and Genzyme Corporation. If you have any questions about the steps necessary to apply for a new customer account, please contact your sales representative or simply call 1-800-372-6634 to speak with a customer support representative.



Terms and Conditions Agreement

New Customer Application

Please email completed form and licenses to: [TradeDataManagement@sanofi.com](mailto:TradeDataManagement@sanofi.com) or fax to (908) 243-9201

**\*\*ALL requested information must relate to the customer and/or facility, and not a Sanofi representative. \*\***

Ship to Information

The address of the business partner/facility where we ship the product.

Facility Name \_\_\_\_\_
Physician Name, if applicable \_\_\_\_\_
Address \_\_\_\_\_
Suite \_\_\_\_\_
City \_\_\_\_\_
State \_\_\_\_\_
Zip \_\_\_\_\_
Purchasing Contact \_\_\_\_\_
Phone \_\_\_\_\_
Fax \_\_\_\_\_
Purchasing Email \_\_\_\_\_
DEA # or HIN # \_\_\_\_\_
DEA Expiration Date \_\_\_\_\_
State License #, Copy required \_\_\_\_\_
GLN # (Global Location Number) \_\_\_\_\_

Bill to Information

The address where we send invoices for the product

Facility Name \_\_\_\_\_
Physician Name, if applicable \_\_\_\_\_
Address \_\_\_\_\_
Suite \_\_\_\_\_
City \_\_\_\_\_
State \_\_\_\_\_
Zip \_\_\_\_\_
Billing Contact \_\_\_\_\_
Phone \_\_\_\_\_
Fax \_\_\_\_\_
AP Email, Required \_\_\_\_\_
Email for invoice (if different) \_\_\_\_\_
Taxable Status, required Exempt\* [ ] Non-Exempt [ ]
If you chose exempt, an exemption certificate must be provided

Sold to Information

The address of the business partner/facilities which places order for product

Check below if Sold to Name/Address is the same as

[ ] Ship to

If different please complete below

State License #, Copy required \_\_\_\_\_
Facility Name \_\_\_\_\_
Physician Name, if applicable \_\_\_\_\_
Address \_\_\_\_\_
Suite \_\_\_\_\_
City \_\_\_\_\_
Zip \_\_\_\_\_

Payer Information

The address where we send invoices for the product

D&B \_\_\_\_\_

Check below if Payer Name/Address is the same as

[ ] Ship to Or [ ] Bill To

If different please complete below

Facility Name \_\_\_\_\_
Physician Name, if applicable \_\_\_\_\_
Address \_\_\_\_\_
Suite \_\_\_\_\_
City \_\_\_\_\_
Zip \_\_\_\_\_



### Account Information

Type of Facility		Legal Status
<input type="checkbox"/> Clinic	<input type="checkbox"/> 340B Entity; 340B#	<input type="checkbox"/> Public Corporation
<input type="checkbox"/> Hospital	<input type="checkbox"/> Department of Defense	<input type="checkbox"/> Private Corporation
<input type="checkbox"/> Physician	<input type="checkbox"/> Veteran Facility (VA)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Independent Retail	<input type="checkbox"/> Limited Liability Corporation
<input type="checkbox"/> Specialty Pharmacy	<input type="checkbox"/> Chain Retail	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Other (Please describe below)	<input type="checkbox"/> Mail Order Pharmacy	<input type="checkbox"/> Other (Please describe below)

<b>Anticipated Monthly Purchase Volume</b>	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> Over \$100,000
<b>What products are you interested in purchasing?</b>				

If your business has an account with another Sanofi or Genzyme division, please provide the following:

Division Name:	Your Account Number:
Division Name:	Your Account Number:

### Bank Information

Bank Name	Your Account Number	Bank Contact Name	Phone or Email

### Credit Reference Information (please provide 3 vendor references)

Company Name	Your Account Number	Company Contact Name	Phone or Email

\* If bank information and credit references are not provided, please note all orders must be paid for at time of placement.

### General Business Information

Are you willing to share additional financial information with us on a confidential basis?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are there any prior bankruptcies of principal owners and/or businesses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If yes, please attach detailed explanation</i>
Are there any pending lawsuits against the business?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If yes, please attach detailed explanation</i>
How would you like to receive invoices?	<input type="checkbox"/> EDI	<input type="checkbox"/> Email	<input type="checkbox"/> Fax <input type="checkbox"/> Paper
How will you be paying for shipments?	<input type="checkbox"/> EFT	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
If you are part of a healthcare system, please indicate the name:			

If you have selected credit card as method of payment please specify when payment is preferred:  Time of Purchase  Time of Invoice

Your signature below indicates you are an owner, officer, or authorized buyer of Applicant and Applicant fully accepts the Terms and Conditions of becoming a direct purchasing customer of Sanofi-aventis U.S. LLC and Genzyme Corporation products.

**Form of Verification of Accuracy of Information and Authorizing Credit Check**

The undersigned, on behalf of and authorized by the Applicant, hereby certifies the foregoing information, including references and all other documents submitted herewith, are true and accurate in every respect. The foregoing information is being provided in order to allow Sanofi-aventis US. LLC and Genzyme Corporation (The Company) to determine if the Applicant will be granted credit and will be relied on by The Company in making its credit decision. The undersigned further agrees to notify The Company immediately upon receipt of information that any of the foregoing is not completely accurate. The undersigned further authorizes The Company to gather and use, from time to time without the undersigned's knowledge, any and all financial and/or credit information relating to the Applicant that can be obtained from any source whatsoever, in connection therewith, the undersigned hereby authorizes any and all Bank and Trade references listed above to release to The Company such information as The Company may request in connection with its investigation of the credit worthiness of the Applicant.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Note: Form must be signed by the prospective customer, not by a Sanofi representative.

## New Customer Application Supplemental Address Form \*\*

Use this form for additional Ship to locations

Please email completed form and licenses to: [TradeDataManagement@sanofi.com](mailto:TradeDataManagement@sanofi.com) or fax to (908) 243-9201

**\*\*ALL requested information must relate to the customer and/or facility, and not a Sanofi representative. \*\***

Primary contact name, phone number and email are required

### Ship to Information

The address of the business partner/facility where we ship the product.

### Ship to Information

The address of the business partner/facility where we ship the product.

Facility Name \_\_\_\_\_

Physician Name, if applicable \_\_\_\_\_

Address \_\_\_\_\_

Suite \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Purchasing Contact \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Purchasing Email \_\_\_\_\_

DEA # or HIN # \_\_\_\_\_

DEA Expiration Date \_\_\_\_\_

State License #, **Copy required** \_\_\_\_\_

GLN # (Global Location Number) \_\_\_\_\_

Facility Name \_\_\_\_\_

Physician Name, if applicable \_\_\_\_\_

Address \_\_\_\_\_

Suite \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Billing Contact \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

AP Email, Required \_\_\_\_\_

Email for invoice (if different) \_\_\_\_\_

Note: If an account has more than one Ship to location, please submit a copy of the respective DEA certificate (if applicable) or HIN # for all additional locations. Each active Ship to location must have a unique DEA # or HIN # that matches the Ship to name and address.

