



Supplemental Address Form*

*Use this form for additional Ship to locations

Please email completed form and licenses to: TradeDataManagement@sanofi.com

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

Existing Account Information:

Sold to/Ship to Account Number: _____

Primary contact name, phone number and email are required

Ship to Information

The address facility where we ship the product.

Ship to Information

The address facility where we ship the product.

Facility Name _____

Physician Name, if applicable _____

Address _____

Suite _____

City _____

State _____

Zip _____

Purchasing Contact _____

Phone _____

Fax _____

Accounts Payable Email _____

Email for invoice (if different) _____

DEA # or HIN # 340b ID: _____

DEA Expiration Date _____

State License #, **Copy required** _____

GLN # (Global Location Number) _____

Facility Name _____

Physician Name, if applicable _____

Address _____

Suite _____

City _____

State _____

Zip _____

Purchasing Contact _____

Phone _____

Fax _____

Accounts Payable Email _____

Email for invoice (if different) _____

DEA # or HIN # 340 ID: _____

DEA Expiration Date _____

State License #, **Copy required** _____

GLN # (Global Location Number) _____

Tax Exempt Status, required check one: Exempt Non-exempt

****STATE TAX EXEMPT CUSTOMERS PLEASE ATTACH A COPY OF TAX EXEMPT OR RESALE CERTIFICATE.**

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.