



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 Account Number: _____

Primary contact name, phone number and email are required

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) _____

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 # 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.