



VENDOR INFORMATION FORM (VIF)

(Please print or type) - Must be completed by the vendor.

Legal Company Name: _____

Other Company Name(s): _____

Purchase Order Address: _____
(US-Please include 9-digit zip code)

Permanent Address: _____
(if different from above)
Please include country

Main Telephone Number: _____ Toll Free Number: _____

Main Fax Number: _____ Company Website: _____

Contact Name: _____ Payment Terms: **NET 60**

Company Email Address: _____

Remit to address: _____
(if different from above)

Is your headquarters located in the United States: Yes No US Form 1099: Reportable Exempt

US Tax ID / SSN: _____ Foreign ID #: _____
(Please complete W-9) (Please complete W-8, if applicable)

Canadian Vendors: _____ Business License Number: _____

Relevant Tax License Number(s): _____
(Please specify type - HST, GST, PST, QST, etc.)

Are you a non-profit agency? Yes No Could your business potentially be classified as a Small Business? Yes No

Are you providing a service? Yes No Please specify _____

Are you providing a good? Yes No Please specify _____

Do you qualify as a Physician, Healthcare Provider (HCP), Teaching Hospital or third party compensating a Physician or HCP on Mylan's behalf? Yes No

If yes, Please specify which of the above: _____ If applicable, please provide National Provider Identifier (NPI#): _____

Completed by: _____ Date: _____
(Signature)

Printed Name: _____ Title: _____

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| Please send completed forms to: | |
| ATTN: _____ | |
| Fax Number: _____ | Email: _____ |
| or call 1-800-82MYLAN if you need further assistance | |