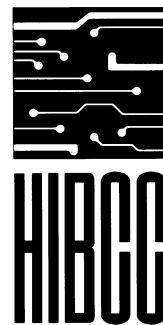


***HIN<sup>®</sup> SYSTEM AUTHORIZED  
LICENSEE APPLICATION  
(Animal Health)***

**Health Industry Business  
Communications Council**

2525 E. Arizona Biltmore Circle  
Suite 127  
Phoenix, Arizona 85016  
602.553.8552  
FAX: 602.381.1093  
Website: [www.hibcc.org](http://www.hibcc.org)  
Email: [info@hibcc.org](mailto:info@hibcc.org)



**SECTION A. INSTRUCTIONS FOR COMPLETING FORM**

Please complete Sections A., B., C., D., and E. Return this form along with a signed Data Use License Agreement (attached) and the appropriate Initial Access Fee (Section E) to:

HIBCC  
2525 E. Arizona Biltmore Circle  
Suite 127  
Phoenix, AZ 85016  
Phone: 602-553-8552 Fax: 602-381-1093

**SECTION B. COMPANY INFORMATION (Bill To)**

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**SECTION C. SHIPPING INFORMATION**

Database distributions are shipped Ground via USPS.  
Please complete the following if shipping information is different from Company Information in Section B.

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**SECTION D. MEDIA SPECIFICATIONS**

**Media Preference - CD-ROM**

**Layout:**  ASCII Comma-Delimited  ASCII Fixed Block

**SECTION E. AUTHORIZED LICENSEE CATEGORY AND FEE**

<u>Company Type</u>	<u>Initial Access Fee</u>	<u>Annual License Fee*</u>
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\* Invoiced in quarterly installments, beginning with the first calendar quarter following the date of distribution of the initial CD.

\*\* Processing fees may apply, invoiced monthly. Refer to the HIN request submission guidelines available at HIBCC's HIN resource center or click [here](#) for detailed information.

**Manufacturer / Wholesaler / Distributor**

Previous Fiscal Year Gross Sales (please sign below):

<input type="checkbox"/> To \$10 Million	\$5,000	\$3,000
<input type="checkbox"/> Above \$10 Million	\$7,500	\$4,000

*By signing below I certify sales specified and category indicated to be correct and in accordance with the guidelines stated above.*

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Signature of Official Representative	Title	Date
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**Animal Health Clinics/Facilities, Veterinarians and other Provider Organizations** \$1,000 \$1,500

**Data Handling/Intermediary Organizations, Associations, Consulting Firms, Retailers, Online Businesses** \$7,500 \$4,000

*By signing below I certify sales specified and category indicated to be correct and in accordance with the guidelines stated above.*

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Signature of Official Representative	Title	Date
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