HIN® 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 Email: 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

Company Name

Phone: 602-553-8552 Fax: 602-381-1093

SECTION B. COMPANY INFORMATION (Bill To)

Contact Person	Title		
Address			
City	State	Zip	
Telephone ()	Fax ()		
E-Mail Address			
ON C. SHIPPING INFORMATIO	<u> </u>		
Database distributions are shipped	d Ground via USPS.		
Please complete the following if s	shipping information is different fro	m Company Information	
Company Name			
Contact Person	Title		
Address			
City	State	Zip	
Telephone ()	Fax ()		
E-Mail Address			

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SECTION D. MEDIA SPECIFICATIONS Media Preference - CD-ROM **Layout:** \square ASCII Comma-Delimited ☐ ASCII Fixed Block SECTION E. AUTHORIZED LICENSEE CATEGORY AND FEE Company Type Initial Access Fee Annual License Fee* * 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): ☐ To \$10 Million \$5,000 \$3,000 ☐ 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. Signature of Official Representative Title Date ☐ Animal Health Clinics/Facilities, Veterinarians and other Provider Organizations \$1,500 \$1,000 ☐ 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. Signature of Official Representative Title Date

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SECTION F. PAYMENT INFORMATION

☐ Please charge my: ☐ Visa	☐ MasterCard	☐ Americ	an Express
CREDIT CARD NUMBER	EXPIRATIO	N DATE	CSV/CID CODE
CARDHOLDER'S NAME (as it appears or	n the card)	CARDHO	DLDER'S SIGNATURE
CARDHOLDER'S ADDRESS			
CARDHOLDER'S CITY	STATE	ZIP/POSTA	L CODE
☐ Please invoice me directly. Atta	ched is my Purchase	e Order. P.O.	#
☐ Enclosed is a check or money or	der in the amount of	f \$	
Return this form along with a signed	d Data Use License A	Agreement an	d payment information
HIBCC 2525 E Arizona Biltmore Circle, Su Phoenix, Arizona 85016	ite 127		
Phone: 602-553-8552 Fax:	: 602-381-1093		

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