|  |  |  |
| --- | --- | --- |
| **Pharmaceutical Manufacturer Name**  **(Parent Company)** |  | |
| **COMPANY name:** | **Note: the company name entered in this field will be used as the Manufacturer name in Supplemental Rebate Agreement documents.** |
| **Federal Employer ID Number** | **FEIN:** |  |
| **Labeler Code(s)** | **Labeler Code 1:** |  |
| **Labeler Code 2:** |  |
| **Labeler Code 3:** |  |
| **Manufacturer NOTICE contact**  **(as mentioned in the contract)** | **NOTICE Name:** |  |
| **NOTICE Title:** |  |
| **Address 1:** |  |
| **Address 2:** |  |
| **City:** |  |
| **State:** |  |
| **Zip Code:** |  |
| **Manufacturer PRIMARY Contact** | **PRIMARY**  **Full name:** |  |
| **PRIMARY**  **Title:** |  |
| **Manufacturer**  **PRIMARY**  **Telephone/Fax** | **PRIMARY**  **Office Phone:** |  |
| **PRIMARY**  **Cell Phone:** |  |
| **PRIMARY**  **Fax Number:** |  |
| **Manufacturer PRIMARY Email** | **PRIMARY**  **Email address:** |  |
| **Contract SIGNATORY**  **---------------------**  **2nd SIGNATORY**  **\*Complete only when two signatories are required by manufacturer on Contract .** | **SIGNATORY Name:** |  |
| **SIGNATORY**  **Title:** |  |
| **\*2nd SIGNATORY Name:** |  |
| **\*2nd SIGNATORY Title:** |  |