

New Account Application

Areva Pharmaceuticals
www.arevapharma.com

Invoice to		Ship to if different than invoice
Company Name		
Contact		
Address		
Address		
City/St/Zip		
Phone#		DEA#
Fax#		State License#
Email		<i>please attach or scan a copy of each to this reply</i>
CLASS OF TRADE		D&B
<i>EXAMPLE</i>	<i>HOSPITAL, PHYSICIAN OFFICE, DISTRIBUTOR</i>	Acct Payable
Buyer's Name		Contact
Email Address		Phone
	Credit References	
Supplier	Address	Account#
Bank		

Please email application to customerservice@arevapharma.com or designated account contact

Areva Pharmaceuticals
 7112 Areva Drive NE, Georgetown, Indiana 47122
 Phone 855-853-4760
 Fax 812-951-1099



** All new account applications are subject to review for validity of licenses, address and nature of business