

Department of Health and Human Services

Public Health Service and Supply Center

Individual/Business Indicator

- Individual
 Business

Invoice or Ship Document Number

Business Name

Customer Number

First Name

Last Name

Payment Amount

Payment Type (Pick One)

- ACH Credit Card

ACH Information

Credit Card Information

ABA/RTN

Account Number

Card Expiration Date

Bank Account Number

Cards Accepted (Choose which card you are using)

- VISA MC DISCOVER AMERICAN EXPRESS

Point of Contact

First Name

Last Name

Telephone

Extension