

**Department of Health and Human Services**  
**Public Health Service & Supply Center**

<b>INDIVIDUAL/BUSINESS INDICATOR</b> <input checked="" type="radio"/> I <input type="radio"/> B		<b>INVOICE OR SHIP DOCUMENT NUMBER</b>	
<b>BUSINESS NAME</b>		<b>CUSTOMER NUMBER</b>	
<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>PAYMENT AMOUNT</b>	<b>PAYMENT TYPE (Pick One)</b> <input type="radio"/> ACH <input type="radio"/> Credit Card
<b>ACH INFORMATION</b>		<b>CREDIT CARD INFORMATION</b>	
<b>ABA/RTN</b>		<b>ACCOUNT NUMBER</b>	<b>CARD EXPIRATION DATE</b> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>
<b>BANK ACCOUNT NUMBER</b>		<b>CARDS ACCEPTED (Choose which card you are using)</b> <input type="radio"/> VISA <input type="radio"/> MC <input type="radio"/> DISCOVER <input type="radio"/> AMERICAN EXPRESS	
<b>POINT OF CONTACT</b>			
<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>TELEPHONE</b>	<b>EXTENSION</b>
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 230px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 110px; height: 20px;" type="text"/>