

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

INDIVIDUAL/BUSINESS INDICATOR     I     B

INVOICE OR SHIP DOCUMENT NUMBER

BUSINESS NAME

CUSTOMER NUMBER

FIRST NAME

LAST NAME

PAYMENT AMOUNT

PAYMENT TYPE (Pick One)

\$0.00

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