

INDIAN HEALTH SERVICE NATIONAL SUPPLY SERVICE CENTER
1005 NORTH COUNTRY CLUB ROAD
ADA, OKLAHOMA 74820
TELEPHONE NO.: (580) 436-5000 FAX NO.: (580) 436-5001

NEW CUSTOMER APPLICATION

APPLICATION TO UTILIZE THE NATIONAL SUPPLY SERVICE CENTER (NSSC) SUPPLY SYSTEM
TO SUPPORT FEDERAL, CONTRACTED, OR COMPACTED HEALTH CARE PROGRAMS

ATTN: CUSTOMER SERVICE

DATE: _____

NAME OF PERSON APPLYING: _____

TITLE: _____

NAME OF ORGANIZATION: _____

TELEPHONE NO.: _____

MAILING ADDRESS: _____

FAX NO.: _____

_____ E-MAIL ADDRESS: _____

NAME OF FINANCE OFFICER _____

BILLING ADDRESS: _____

TELEPHONE NO.: _____

(IF DIFFERENT FROM MAILING) _____

APPROVING OFFICIAL'S SIGNATURE AND TITLE: _____

DESCRIBE YOUR PROGRAM _____
(TYPE OF ORGANIZATION: HOSPITAL, CLINIC, TRIBAL OFFICE, ETC.)

WHO ARE THE RECIPIENTS OF YOUR SERVICES: _____

PLEASE COMPLETE THE FOLLOWING FOR EACH FACILITY IN YOUR ORGANIZATION THAT WOULD BE ORDERING SUPPLIES:

FACILITY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NO.: _____

FAX NO.: _____

ESTIMATED ANNUAL BUDGET FOR NSSC SUPPLIES \$ _____

TYPES OF SUPPLIES YOU WANT TO ORDER FROM THE ADA NSSC: (CHECK ONE OR MORE)

___ DENTAL ___ DRUGS ___ MEDICAL/SURGICAL ___ LAB ___ DIABETIC ___ SUBSISTENCE ___ X-RAY ___ OFFICE SUPPLIES ___ FORMS

THIS BLOCK TO BE COMPLETED BY NSSC

DATE REC'D IN CUSTOMER SERVICE _____ IHS FACILITY _____ TRIBAL OPERATIONS _____ URBAN _____ OTHER _____

REMARKS _____

_____ APPLICATION APPROVED _____ START PHASE-IN PROCESS

_____ APPLICATION DISAPPROVED (REASON): _____

SIGNATURE OF DIRECTOR, NSSC _____ DATE _____