

INDIAN HEALTH SERVICE - NATIONAL SUPPLY SERVICE CENTER
501 N.E. 122ND STREET, SUITE F, OKLAHOMA CITY, OK 73114 Director, CDR Robert Hayes
TEL NO.: (405) 951-6000 FAX NO.: (405) 951-6057 attn: Amanda Hamilton

NEW CUSTOMER APPLICATION

APPLICATION TO UTILIZE THE NATIONAL SUPPLY SERVICE CENTER (NSSC) SUPPLY SYSTEM FOR THE SUPPORT OF FEDERAL, TRIBAL CONTRACTED OR COMPACTED HEALTH CARE PROGRAMS & URBAN FACILITIES

DATE: _____ ALC NO: _____ EIN No.: _____

WHAT TYPE OF FACILITY IS YOUR ORGANIZATION: _____ FEDERAL _____ TRIBAL _____ URBAN

NAME and TITLE OF PERSON APPLYING: _____

NAME OF ORGANIZATION: _____ TEL NO.: _____

MAILING ADDRESS: _____ FAX NO.: _____

E-MAIL _____

FINANCE OFFICER & BILLING ADDRESS: _____

(IF DIFFERENT FROM MAILING ADDRESS)

TEL NO. _____ E-MAIL: _____

FACILITY DIRECTOR SIGNATURE: _____ E-MAIL: _____

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

WHO ARE THE RECIPIENTS OF YOUR SERVICES: _____

PLEASE COMPLETE THE FOLLOWING WHERE YOUR PRODUCTS/SUPPLIES ARE TO BE DELIVERED: INCLUDE PO BOX AND PHYSICAL ADDRESS.

FACILITY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TEL NO.: _____ FAX NO: _____

ESTIMATED ANNUAL BUDGET \$ _____

TYPES OF SUPPLIES YOU WOULD LIKE TO ORDER FROM THE OKLAHOMA CITY NSSC: (CHECK ONE OR MORE)

_____ DENTAL _____ DRUGS _____ MEDICAL/SURGICAL _____ LAB _____ X-RAY _____ DIABETIC _____ ADMINISTRATIVE

NOTE: A copy your Annual Funding Agreement must be attached to this application if you Drugs above and please provide a copy of your current DEA. Your application cannot be processed without the requested documentation.

THIS BLOCK TO BE COMPLETED BY NSSC

DATE REC'D _____ IHS FACILITY _____ TRIBAL OPERATIONS _____ URBAN _____ OTHER _____

REMARKS: _____

_____ APPLICATION APPROVED _____ START PHASE-IN PROCESS _____ APPLICATION DISAPPROVED
(REASON/OTHER): _____

SIGNATURE OF DIRECTOR, NSSC_(Designee) _____ DATE _____