

*Fax this form, along with your last monthly credit card processing statement, to:*

**NCMIC CREDIT CARD PROCESSING PROGRAM**

**Fax: 1-800-704-9416**

**Step 1: Complete your information**

Number of pages including this cover page: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Bank Name/City & State: \_\_\_\_\_

**Step 2: Check the appropriate box**

**YES!** I'd like to compare NCMIC to my current program.

*Attached is last month's statement for our practice's current credit card processing program. Please fax me the results of your comparison, including a quote, to the fax number above. If you can't beat our rate, please send me a check for \$50.*

I don't currently accept credit cards. Please fax me a quote immediately.

**Step 3: Send FAX to 1-800-704-9416**

*Please complete all the information above before faxing and include your last monthly credit card processing statement.*

**Questions? Call 1-800-396-7157, extension 5606**



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**PLEASE DELIVER WHEN RECEIVED**

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