

NCMIC QUOTE REQUEST FORM

YES! Please send me a comparison of my current credit card processing program and a quote.

- I've attached last month's statement for our practice's current credit card processing program.
- I don't accept credit cards. **Please send me a quote immediately.**
- I currently utilize EHR software.
Please provide name of software: _____

Please complete: Number of pages including this cover page: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name of Practice: _____

Contact Name: _____

Office Phone: _____

Fax Number: _____

Email Address: _____

Your email address will never be sold. It will be used to send you important notices.



Fax to:
1-800-704-9416



Scan and email to:
merchant@ncmic.com



Mail to:
**Merchant Services
14001 University Avenue,
Clive, Iowa 50325-8258**



Questions?
Call 800-839-1629, ext. 5606

