

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 business' 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 1-800-261-8793, extension 5655



**NCMIC
Finance Corporation**

A member of NCMIC Group, Inc.

PLEASE DELIVER WHEN RECEIVED

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