

NCMIC Challenge Form



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YES! I want to take the Challenge!

- I've attached last month's statement for our practice's current credit card processing program. Please send me the results of your comparison, including a quote. **If you can't beat our existing program, please send me a \$100 gift card.**
- I don't currently accept credit cards. **Please send me a quote immediately. If I decide to sign up, please send me a FREE credit card terminal to use for as long as I process with NCMIC.**

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 & Email to:
challenge@ncmic.com



Mail to:
NCMIC Challenge
14001 University Avenue, Clive, Iowa 50325-8258



Questions? Call 1-800-396-7157, extension 5066

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Credit Card Processing
Program offered by:
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Finance Corporation