

ND Long Term Care Association Credit Card Payment Form

Office Use:

Date Processed _____

Initials _____

A \$5.00 processing fee applies to all credit card transactions.

Please complete the following information:

This is an online fillable form but you must print and fax, or save and email to cathy@ndltca.org

Company Name: Phone: Contact Person: Email (for receipt): Billing Address: City/State/Zip: Visa Mastercard Discover American ExpressCredit Card #: Expiration Date: 3-digit verification code from back of card: 4-digit verification code for American Express: ***This credit card payment should be applied as follows:***Facility Membership Dues: \$ Associate/Sponsorship Dues: \$ Conference Fees: \$ -->Please identify conference name: Booth Fees: \$ Advertising Fees: \$ Other: \$ ----> Please identify other: Processing Fee: \$5.00 Total Due: \$ **Authorized Signature:** _____ **Date:** _____