



NGLCC Supplier Diversity Initiative Credit Card Payment Form

Name on Card: _____

Company: _____

Billing Address: _____

Billing Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____

Card Type (indicate to the right):

AMEX (___) MasterCard (___) Visa (___)

Credit Card Number: _____

Expiration Date: _____ Total Amount to be Billed*: _____

Certification Fees:

Affiliate Member initial or recertification fee: waived

Non-Affiliate Member initial certification fee: \$400

Non-Affiliate Member recertification fee: \$200

Signature: _____

Date: _____