BILLING INFORMATION

The cardholder identified below agrees to pay $495.00 prior to the commencement of the review and inspection processes with the understanding that this submission will not be reviewed until payment has been received, this form is completed, and all the necessary and requested information has been provided. Payment does not imply or guarantee inspection approval. Violations that can not be corrected and verified at the time of the inspection will require a re-inspection at an additional charge. Questions are to be sent to lturner@icc-nta.org referencing the NTA project number on the report.

Is this information the same as the "Dealer/Retailer Information" detailed on Page 1? (Y/N) _____

Billing Contact Name _____

Billing Address, City, State, Zip Code _____

Billing Telephone _____

Billing email Address _____

Credit Card Information

Card Type ☐ Visa ☐ MasterCard Expiration date _____

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ CVV ☐☐☐

Signature _____ **Date Signed** _____

I authorize NTA, Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the good/services described above, for the amount indicated above. Plus the additional fee if additional verification is required as described above.