

**□ INVOICE US PAYMENT TOTAL \$** ☐ CHECK #\_\_\_\_\_ (Please make check payable to NHGA) (Members Only)

## **CREDIT CARD:**

CREDIT CARD # EXP DATE (DD/YR) **Mail To:** NH Grocers Association 110 Stark Street CARD HOLDER'S NAME

Manchester NH 03101

BILLING ADDRESS or Fax: 603-623-1137

CARD HOLDER'S SIGNATURE