

Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, KS 66604-4027

Invoice No.: _____

Payment Type

___ Cash / Check / Money Order ___ Visa ___ Discover Card / Novus
___ American Express / Optima ___ MasterCard

Amount: \$ _____

Account Number: _____

Expiration Date: ___ / ___ CVV # ___

Name, exactly as it appears on the card: _____

Mailing Address: _____

City / State / Zip Code: _____

Signature: _____

Daytime Phone: _____ Evening Phone: _____

KCC Use Only

Authorization Code: _____ Date: _____

Division: A C T U E

Validation No. _____ Clerk Id _____ Amount \$ _____

If for any reason the issuing bank will not honor this credit card transaction, the Corporation Commission will consider that as good cause for taking any available legal action, including, but not limited to, summary suspension or revocation of certificates, licenses, or permits.