

**TO PAY BY CREDIT CARD, PLEASE COMPLETE THE INFORMATION BELOW AND RETURN WITH YOUR PAPERWORK (BY EMAIL, FAX OR MAIL).**

Payment Amount: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Your name as it appears on your credit card:

\_\_\_\_\_

Visa       Mastercard       Discover       American Express

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

Address to which your credit card bill is mailed:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**NOTE: There is a \$6 convenience fee placed on every credit card transaction.**

**IF YOU WOULD LIKE A RECEIPT FAXED OR EMAILED TO YOU:**

\_\_\_\_\_

**Kentucky Legislative Ethics Commission  
22 Mill Creek Park  
Frankfort, KY 40601  
Phone 502-573-2863  
Fax 502-573-2929**