



**SECRETARY OF STATE
APPLICATION FOR PRE-PAID ACCOUNT**

(Please type or Print)

1. _____
Applicant Name

2. _____
Street Address City State Zip Code

3. Contact Person _____ Telephone Number _____

4. Contact E-Mail Address: _____

5. Is the above-named applicant a business entity with individual users? Yes No

6. If yes to #5 above, please provide a list of the names of the authorized individual users.

7. Mail the monthly statement of account to:

E-mail Address

Mailing Address City State Zip Code

8. The applicant agrees to the terms and conditions set forth on the attached page.

Signature of Applicant

Type or Print Name & Title

Dated _____

Please mail the completed application & pre-payment to:

**Secretary of State
ATTN: Pre-Paid Accounts
700 Capitol Avenue Suite 152
Frankfort, KY 40602-1470
Telephone: 502-564-3490**