

# Kansas.gov Subscription Service Agreement

Please print and complete the following information.  
Send via U.S. Postal Service to:

Kansas.gov  
534 South Kansas Avenue, Suite 1210  
Topeka, Kansas 66603-3434

In order to subscribe to the Information Network of Kansas (INK), you must complete all sections of this Service Agreement.

Please carefully read all information, including the page of [terms and agreements](#), [billing options](#) and [cancellation terms](#). The Agreement must be signed, dated, and returned to the address indicated above. Any submitted forms that are received without a signature and/or account number will be discarded.

Submit your initial subscription fee of \$95.00 made payable to: Kansas.gov. Each subsequent year requires an annual renewal fee of \$95.00. Renewal is automatic unless we are notified in writing. Certain INK services also have statutory and/or transaction fees associated with them. All fees are subject to change by the Board of Directors of the Information Network of Kansas, Inc.

If you have any questions regarding information contained within this Agreement, please contact Kansas.gov at 1-800-4KANSAS (452-6727).

I have read and agree to the terms and agreements of the Information Network of Kansas Subscription Service Agreements and the information on the Kansas Open Records Act describing the limitation for use of information accessed through INK

## Account Administrator

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Account #	_____
User Name	_____
Password	_____
Classification	_____
INK	
Signature	_____
Date	_____



Please e-mail my confirmation letter. \_\_\_\_\_ (initial here)

## ***Mailing Address***

Organization Name: \_\_\_\_\_

Attention: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ ext: \_\_\_\_\_ Fax: \_\_\_\_\_

## ***Billing Address (if different from above)***

Organization Name: \_\_\_\_\_

Attention: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ ext: \_\_\_\_\_ Fax: \_\_\_\_\_

## ***Billing Options - Please select one***



**Electronic Funds Transfer Billing** (NO PROCESSING FEES ASSESSED!)

This is an automated fund transfer that will be deducted from your designated checking account. Your account will be charged for monthly usage as well as your annual subscription fee(s).

If monthly usage is less than \$3, your account will not be billed until your usage accrues a minimum of \$3.

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

## **Manual Billing Option** (PROCESSING FEES ASSESSED)

This is a standard billing option where the account holder will mail a paper check for the full amount found on the electronic monthly statement. Your account will be charged a manual processing fee of 3% of the total account balance for using this option.

To cover the costs associated with manual billing, there is a monthly minimum charge assessed with this billing option.

- If your usage for a month is more than \$0 and less than \$15, you will be charged \$15 plus 3% of the total account balance for that month.
- If your monthly usage is equal to or more than \$15, you will be charged the amount of actual usage plus 3% of the total account balance.
- If there is no activity on your account in a given month, no minimum charge will apply.

### Past Due Accounts

- Accounts not paid in full 30 days after invoice will be assessed a late fee of 1.5%. This fee is assessed on the total account balance due.
- Past due accounts will be blocked from further use until payment is received and account balance is brought to zero.