

FROM

Company Name: _____

Contact Name: _____

Daytime Phone: _____

E-Mail Address: _____

Billing Address: _____

CHECK ONE

Service Level	Cost:
<input type="checkbox"/> One-time download	\$3,000
<input type="checkbox"/> One download with monthly updates*	\$15,000 (\$3,750 per quarter)
<input type="checkbox"/> One download with weekly updates	\$25,000 (\$6,250 per quarter)

**One refresher download is provided each year.*

CHOOSE ONE

Method of Payment _____

IN.gov Account Number: _____

Credit Card
If paying by credit card, please complete the following information:

Card Type

Mastercard

Visa

Card Number: _____

Expiration Date: _____

Cardholder: _____

*Questions? Please call during office hours (8 A.M. – 5 P.M.) or leave a message.
Thank you!*