CASH SURETY DEPOSIT



Fed	deral Tax ID No	Account No
De	positor Name:	
De	positor Address:	
	ecuted a Credit Agreement	pate in the New York State Thruway Authority ("Authority") Commercial Charge Account Program, Depositor has edit Agreement with the Authority for the payment of all charges related to travel on the New York State Thruway in consideration of such extension of credit and other valuable consideration, Depositor agrees as follows: shall deposit with the Authority on the Date of Acceptance indicated below the sum of (\$
1.	Depositor shall deposit wi	
		nonths billings for all charges related to travel on the Thruway, or as determined by the Authority. The
2.	Depositor must pay, within thirty (30) days after the date of a monthly invoice, all charges on the invoice including the established toll for all trips recorded indicating passage on the Thruway, all charges for special hauling permits, charges for other specialized permitted uses of the Thruway system, and the fees applicable to Depositor's receipt and use of E-ZPass Tags.	
3.	Depositor's Account and s rights it might otherwise make such payment. The payment and will provide	ek payment from Depositor's cash surety deposit. At such time, Depositor shall forfeit any and all ve to all or part of the deposited funds (including accrued but unpaid interest thereon) necessary to authority may withdraw from the cash surety deposit such funds as are necessary to satisfy such epositor with notice of such withdrawal. The amount withdrawn will be used to satisfy the Depositor's
4.	posted monthly to Deposi	r's account balance. An annual interest check will be generated at year end for the total interest paid
5.	satisfaction of all indebted deposit to the Depositor r	ess to the Authority. Requests to close the Commercial Charge Account and to return the cash surety st be made in writing in accordance with the terms and conditions of the Authority's Post-Paid
6.		
<u> </u>	DEPOSITOR	NEW YORK STATE THRUWAY AUTHORITY
E	Ву:	By:
7	Title:	Date of Acceptance: