



## PRE-PAID PLAN APPLICATION

### THRUWAY AUTHORITY COMMERCIAL CHARGE ACCOUNT CUSTOMERS

**Purpose:** This form is required and must be completed by a Commercial Charge Account customer in order to create a separate Pre-Paid E-ZPass account that will cover all non-Thruway activity (i.e., use at E-ZPass facilities other than Thruway Authority facilities, regardless of location).

**INSTRUCTIONS:**

Return this completed form along with the rest of your Commercial Account application to the address above.

#### Section I Account Identification

Company Name		Thruway Authority Commercial Charge Account No.		
Street Address	City	State/Province	Zip/Postal Code	
Authorized Company Representative's Name		Phone No. (       )       -	E-ZPass Account No. (if known)	

#### Section II Pre-Payment Calculation

The initial deposit required when opening your Pre-Paid Account:

A minimum of \$100.00 (check or cash) or 30 days usage, whichever is greater.

Minimum	One Month's Usage	Total Pre-Payment (Amount from Box 1 or Box 2, whichever is greater.)
\$ <b>100.00</b>	Or \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>	\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>
Box 1	Box 2	Box 3

#### Section III Payment Method

**Option 1** - Credit Card with Automatic Replenishment (*The Easiest Way to Pay*)

Credit Card No.

Cardholder Name

Credit Card Type

Visa     Mastercard     Discover     American Express

Credit Card Expiration Date

Month \_\_\_\_\_ Year \_\_\_\_\_

I authorize E-ZPass to immediately charge this credit card the total amount shown in Box 3. Whenever the Pre-Paid balance for this Account is at approximately 25% of my Pre-Paid amount, I authorize E-ZPass to charge this credit card an amount that reflects the average monthly usage. I understand and agree that such charges will continue until this E-ZPass Account is terminated or I revoke this authorization in writing. Should a replacement Tag be required or an administrative fee be incurred, I authorize E-ZPass to charge this credit card the appropriate amount incurred under the terms of this Agreement. I authorize E-ZPass, in its discretion, to receive updated information about my credit card, including new account numbers and expiration dates, from the financial institution issuing this card. I further represent that I am the authorized cardholder.

\_\_\_\_\_

Authorized Cardholder Signature Required

\_\_\_\_\_

Date

**Option 2** - Check or Cash Replenishment

Make checks payable to "E-ZPass" and mail this form along with your Commercial Account application to the address indicated above. You may also make cash payments in person at an E-ZPass Customer Service Center once your Account is open. A "Low Acct. Bal." message will display upon roll-thru in a toll lane whenever your Pre-Paid toll balance falls below 50% for the Check or Cash replenishment payment method.

DO NOT MAIL CASH.

#### Section IV Customer Agreement

My completion of this Application, payment and signature below constitute this company's Agreement to use E-ZPass at other than Thruway Authority facilities subject to all applicable terms and conditions. I understand and agree that by using E-ZPass facilities, the resulting charges will be deducted from this Pre-Paid E-ZPass Account. I understand and agree that I have read, understand and accept the terms and conditions accompanying this Application and set forth in this form, all of which are part of this Agreement. I further represent that I am authorized to execute this Agreement on behalf of the company named in Section I.

\_\_\_\_\_

Authorized Signature Required

\_\_\_\_\_

Title

\_\_\_\_\_

Date