



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.)
\$ 100.00	Or \$ 	\$
Box 1	Box 2	Box 3

Section III Payment Method	
<input type="checkbox"/> Option 1 - Credit Card with Automatic Replenishment (<i>The Easiest Way to Pay</i>)	
Credit Card No.	Cardholder Name
Credit Card Type	Credit Card Expiration Date
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	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

<input type="checkbox"/> 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