TA-W68167 (05/2005)

New York State Thruway Authority

Clear Form

PRE-PAID PLAN APPLICATION
THRUWAY AUTHORITY COMMERCIAL CHARGE ACCOUNT CUSTOMERS

Part 1. Account Identification

Company Name	Wait to submit this application until <u>after</u> your company's Thruway Authority Commercial Charge Account has been opened. This Application requires your E-ZPass account number and that number is provided with the Tags that you order. This application must be sent to the E-ZPass Customer Service Center, P.O. Box 149001, Staten Island, NY 10314-9001.
Authorized Company Representative's Name	E-ZPass Account Number

Part 2. Prepayment 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 Prepayment (Amount from Box 1 or Box 2, whichever is greater)
$ 100.00	Or	$		$
Box 1		Box 2		Box 3

Part 3. Payment Method

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

Credit Card Number _____

Current Expiration Date: ☐ Month ☐ Year

Card Type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Cardholder Name _____

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 it's 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 with this Application to the E-ZPass Customer Service Center, P.O. Box 149001, Staten Island, NY 10314-9001. Make cash payments in person at an E-ZPass Customer Service Center near you (visit www.e-zpassny.com for locations.) A low balance message will display whenever your pre-paid toll balance is at approximately 50% of your replenishment amount, indicating that a payment is required. DO NOT MAIL CASH.

Part 4. 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 Part 1.

_____ _____ _____

Authorized Signature Required Title Date