



Pennsylvania Turnpike Commission – Private Account Application

Fax: 717.565.4311 Phone: 877.PENNPASS (736.6727)

DO NOT STAPLE PLEASE PRINT OR TYPE

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Account

1. Personal Information	Please select a 4 Digit Account Pin Number and list it in the boxes supplied to the right. (For access to your account information over the phone and web)									
	Drivers License # or Business EIN # (Required)							State		
	Applicant Last Name or Business Name				Applicant First Name or Business Contact Name			Middle Initial		
	Co-Applicant Last Name				Co-Applicant First Name			Middle Initial		
	Street Address				City		State	Zip Code		
	Day Phone ()		Evening Phone ()		E-Mail Address:					


2. Vehicle Information	Transponders issued for this account are for vehicles weighing 7,000 lbs or less. Vehicles weighing 7,001 – 15,000 lbs may still be added to the account but may require a separate transponder programmed for the specific weight class. List any additional vehicles on separate paper.							
	License Plate Number	State	Make of Vehicle	Model	Gross Vehicle Weight*	Color	Year	

*Vehicle weight may be found on registration card. Some vehicles, due to special features, may require bumper mounted transponders.

3. Monthly Statement	<p>A free detailed monthly statement is available at www.pturnpike.com. Detailed account information is also available 24 hours a day by calling our Toll Free Number 1.877.736.6727. Transactions are available for a limited number of days. See our website for additional information.</p> <p><input type="checkbox"/> Check here if you wish to receive a monthly statement mailed to the above address for a \$4 fee for every 3 transponders. (The fee will be deducted monthly from your E-ZPass account balance.)</p>
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4. Program Options: E-ZPass E-ZPass Plus	<p>Please check the box below if you DO NOT WISH to enroll in E-ZPass Plus. E-ZPass Plus allows you to use your E-ZPass transponder to pay for charges at designated locations. Charges under \$20 will be posted to your E-ZPass Prepaid account. Charges of \$20 or more will be billed directly to your credit card. Customers who wish to participate in E-ZPass Plus must replenish their accounts using Option 1 or 2 under No. 6, Account Replenishment Options. For customers who choose replenishment Option 1, you must also secure your account with a credit card. Customers who select Manual Replenishment (Option 3) are not eligible to participate in E-ZPass Plus. If you want more information on E-ZPass Plus, see Item 15 under Terms of Agreement.</p> <p><input type="checkbox"/> E-ZPass Only – I do not want to participate in E-ZPass Plus</p>
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5. Annual Service Fee	<p>Annual Service Fee is required for each transponder requested. The annual service fee is \$3 which is non-refundable (after 30 days).</p> <p># of transponders <input type="checkbox"/> x \$3 Annual Service Fee = \$</p>
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<p>6. Account Replenishment Options</p> <p>Important</p>  <p>Select Only ONE Replenishment Option</p>	<p><input type="checkbox"/> Option 1: AUTOMATIC PAYMENT FROM YOUR BANK ACCOUNT - An initial payment of \$35 per transponder is required to open your account. (Please include a voided check along with your payment.) This option authorizes the PTC to initiate debit entries from your bank account for a minimum of \$35 per transponder. This replenishment takes place whenever your account balance reaches a cumulative value of \$10 or less per transponder. (\$10 x # of Transponders) NO DEPOSIT IS REQUIRED. The replenishment amount will be increased if an account replenishes more than 3 times a month. NOTE: Participation in E-ZPass Plus also requires your account to be secured with a credit card. Please enter your credit card information under Secondary Credit Card in No. 7 below.</p>	\$
	<p><input type="checkbox"/> Option 2: AUTOMATIC PAYMENT FROM CREDIT CARD, DEBIT OR CHECK CARD - REQUIRED FOR E-ZPASS Plus - An initial payment of \$35 per transponder is required to open your account. This option authorizes the PTC to charge the credit card listed below a minimum of \$35 per transponder when your account balance reaches a cumulative value of \$10 or less per transponder. (\$10 x # of Transponders) NO DEPOSIT IS REQUIRED. The replenishment amount will be increased if an account replenishes more than 2 times a month.</p>	\$
	<p><input type="checkbox"/> Option 3: MANUAL ACCOUNT REPLENISHMENT – This option requires a \$10 deposit for each E-ZPass Transponder. (Make checks payable to the Pennsylvania Turnpike Commission) An initial payment of \$35 per transponder plus \$3 annual fee is required to open your account. This option requires you to replenish your account balance when it reaches a cumulative value of \$15 or less per transponder (\$15 x # of transponders). To replenish your account, send a check to or pay cash at the PTC E-ZPass Customer Service Center. You may also replenish your account by Credit Card. Be aware that there is no billing process. Please allow 5 days for mail delivery and posting to your account. The minimum amount required to establish a manual account is \$10 for transponder deposit plus \$35 for tolls or a total of \$45 per transponder.</p>	\$

7. Initial Payment Method	<p>Primary Credit Card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER</p> <p>Exp Date MM/YY /</p>	TOTAL DUE
	<p>Secondary Credit Card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER</p> <p>Exp Date MM/YY /</p>	
	<p><input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card</p>	<p>\$ (Add amounts for Nos. 5 and 6.)</p>

8. Customer Authorization (Required)	Be advised that only applicants and authorized contacts will have access to this account. By signing this Application or using an E-ZPass transponder for payment of tolls, I hereby consent to all terms of this application and the agreement. I certify that all information contained in this application is true and accurate.		
	Applicant Signature	Print Name	Date
	Co-Applicant Signature	Print Name	Date