



E-ZPass
P.O. Box 1234
Clifton Forge, VA 24422
Fax: (540) 862-8849

BUSINESS ACCOUNT APPLICATION

1. BUSINESS INFORMATION

| | | | | | | |
|---|-------|-----------------------|--|--|-----------------------------|--|
| Primary Contact / First Name | | MI | Last Name | | Select a 4-digit Pin Number | |
| Name of Business | | Primary Contact Title | | Email Address (required) Allow account balance alerts by email? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Employer Identification Number (EIN) | | Billing Address | | | | |
| City | State | Zip Code | Primary Phone No. () () | Secondary Phone No. () () | Fax No. () () | |
| Secondary Contact (If applicable - Provide first and last name) | | | I would like to receive my statement: (Please Check One) | | | |
| | | | <input type="checkbox"/> Quarterly Online (Free) <input type="checkbox"/> Monthly Online (\$1.00 Per Account) <input type="checkbox"/> Monthly Mail (\$2.00 For Up To 3 Tags Per Account) | | | |

2. VEHICLE INFORMATION

Please complete the Transponder Order Worksheet on the next page

3. PRE-PAYMENT CALCULATION

| | | | |
|--|--|---|----------|
| A. Number of Tags Requested (Standard) | | D. Initial Prepaid Amount This amount should equal your average monthly toll usage or \$35 per tag, whichever amount is greater. | \$ _____ |
| B. Number of Tags Requested (Flex) <small>(Note: Flex transponders are only issued for use on 2-axle vehicles since other vehicle types are not permitted on the 495 Express Lanes)</small> | | | |
| C. Total Tags Requested | | E. Total Payment (multiply lines C and D) | \$ _____ |

4. PAYMENT METHOD (Check One Option)

| | | |
|--|--|--|
| <input type="checkbox"/> Option 1 - Automatic Replenishment by Credit Card Credit Card Type (Circle One): Visa American Express Diner's Club MasterCard Discover Credit Card Number _____ / _____ / _____ / _____ Expiration Date ____ / ____ | | Option 3 - Manual Replenishment - Check, Cash or Credit Card Make Checks payable to E-ZPass Customer Service Center. Make cash payments in person at an E-ZPass service center listed at the bottom of the customer agreement. DO NOT MAIL CASH. To replenish by credit card, you can call E-ZPass at 1-877-762-7824 or visit a service center in Gloucester Point, Northern Virginia, or Richmond. To help ensure your transponder keeps working a secondary credit card can be used to replenish your account in the event the primary replenishment method is unsuccessful. |
| <input type="checkbox"/> Option 2 - Automatic Replenishment by ACH Direct Debit (Secondary credit card required, see below) Routing/Transit No. _____ (9-digit number at the bottom of a check) Account No. _____ (Found on a deposit slip or check) | | |
| <input type="checkbox"/> Secondary Credit Card for Automatic Replenishment (Required for ACH, recommended for credit card) Credit Card Type (Circle One): Visa American Express Diner's Club MasterCard Discover Credit Card Number _____ / _____ / _____ / _____ Expiration Date ____ / ____ | | |

5. Customer Agreement

| | | |
|---|--|---|
| My completion of this Application, payment and signature below constitute my agreement to use E-ZPass subject to all applicable terms and conditions. I understand and agree that by using E-ZPass facilities, the resulting charges will be deducted from my prepaid 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 my agreement. | | Indicate your primary area of usage <input type="checkbox"/> Northern VA Area <input type="checkbox"/> Richmond Area <input type="checkbox"/> Coleman Bridge <input type="checkbox"/> Chesapeake Area |
| Applicant Signature Required _____ Date _____ | | |



Transponder Order Worksheet

All vehicles that will use transponders must be registered to your account. However, a transponder is not required for every vehicle listed; transponders are transferable between vehicles as long as they have the same vehicle reference code. Please photocopy and complete additional sheets as necessary.

| License Plate No. (As it appears on your Vehicle Registration) | State | Vehicle Make | Vehicle Model | Year | Color | # of Tires | # of Axles | Under/Over 7,000 lbs | E-ZPASS for this vehicle? | Type of Tag (Standard or Flex) | Internal or External tag? (Office Use Only) |
|---|-------|--------------|---------------|------|-------|------------|------------|----------------------|---------------------------|--------------------------------|--|
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |
| | | | | | | | | | YES NO | | I/E |

| Order Summary | |
|---|-------|
| 1. Total Standard Tags Requested **(Write this number in Section A on Page 1) | _____ |
| 2. Total Flex Tags Requested **(Write this number in Section B on Page 1) | _____ |
| 3. Total Number of Transponders **(Write this number in Section C on Page 1) | _____ |
| 4. Minimum Replenishment Amount Per Transponder <i>(Average monthly toll usage or \$35 per transponder, whichever amount is higher)</i> | _____ |
| 5. Total Prepaid Amount (Multiply 1 times 2) **(Write this amount in Section E on Page 1) | _____ |

Note: It is highly recommended for accounts with multi-axle vehicles that you increase the amount of prepaid tolls beyond the \$35.00 minimum. The tolls are higher for vehicles of this type. This will make sure your account is properly funded and will reduce the risk of possible toll violations. **Your total account replenishment should equal your estimated monthly account usage.**