



Add – On Application

Account #: _____

Date: ____/____/____

Account Name: _____

Type of transponder requested: (Standard or Flex) _____

E-mail Address _____

Contact Name: _____

Daytime Phone: (____) _____ - _____

Note: Flex transponders are subject to HOV mode usage requirements as defined in the E-ZPass Virginia Customer Agreement.

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| License Plate: _____ State: _____ Year: _____ Make: _____ Model: _____ Color: _____ Vehicle Class Code: _____ (Please refer to the vehicle class code chart) License Plate: _____ State: _____ Year: _____ Make: _____ Model: _____ Color: _____ Vehicle Class Code: _____ (Please refer to the vehicle class code chart) License Plate: _____ State: _____ Year: _____ Make: _____ Model: _____ Color: _____ Vehicle Class Code: _____ (Please refer to the vehicle class code chart) |
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*** Greenway VIP and Chesapeake Discount Program patrons please ensure that you contact your discount agency to update your account. ***

By signing this application, the applicant agrees to the terms and conditions included in the E-ZPASS CUSTOMER AGREEMENT. Please ask the customer service representative if an additional copy of these terms is needed. Applicant also acknowledges that low balance and replenishment amount (if applicable) will be increased based on number of active tags in account. Upon first use of the E-ZPASS system the applicant acknowledges acceptance of the E-ZPASS terms and conditions. All applications must be signed.



Signature: _____ **Date:** ____/____/____

| <u>Office Use Only</u> | | | |
|------------------------|-----------------|-----------------|-----------|
| E-ZPass # _____ | E-ZPass # _____ | E-ZPass # _____ | CSR _____ |
| Name _____ | | CSR # _____ | |