



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/Monthly Online (Free) <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		\$ _____
B. Number of Tags Requested (Flex) (Note: Flex transponders are only issued for use on 2-axle vehicles since other vehicle types are not permitted on the 64, 66, 95, 395, and 495 Express Lanes)		This amount should equal your average monthly toll usage or \$35 per tag, whichever amount is greater.		
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.
<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
									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 <i>**Write this number in Section A on Page 1)</i>	_____
2. Total Flex Tags Requested <i>**Write this number in Section B on Page 1)</i>	_____
3. Total Number of Transponders <i>**Write this number in Section C on Page 1)</i>	_____
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) <i>**Write this amount in Section E on Page 1)</i>	_____

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.**