

Date Received: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_



# MAINE TURNPIKE AUTHORITY

## E-ZPASS BUSINESS ACCOUNT APPLICATION



This is a Business Account application for commercial haulers, businesses of any size, and/or "for hire" vehicles used for business purposes. For Personal Account information, please call the E-ZPass Customer Service Center 1-888-682-7277.

**MMTA Account: NEW**

**Section 1 Business Account Holder Information**

**Authorized Company Contact "Account Holder"**  
 (For other business contacts, see Section 11)

Full Company Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Choose your PIN# \_\_\_\_\_  
 4 digits (must be digits only)

Business Address	Mailing Address (if different)
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Address Line 1: _____	_____
Address Line 2: _____	_____
City: _____	_____
State/Province: _____	_____
Country/Zip Code: _____	_____
Phone Numbers Day: ( _____ )	Other: ( _____ )
Fax and E-mail Fax: ( _____ )	E-mail: _____

**Section 2 E-ZPass Business Plan Selection**

Please indicate which type of E-ZPass Account Plan you are requesting.

<p><b>Please Circle ONLY One</b></p> <p><b>Prepaid</b>                  For Prepaid Plans ONLY, please complete sections 3-9, 11 &amp; 12.</p>	<p><b>Postpaid</b>                  For Postpaid Plans ONLY, please complete sections 3-6 &amp; 10-12.</p>	<p><b>Prepaid/Postpaid Combination</b>                  For Prepaid/Postpaid Combination Plans, please complete all sections.</p>
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**Section 3 Vehicle Registration Information**

Please complete the Vehicle Registration Form and return with this application.

**Section 4 Tag Purchase**

Enter Total for Tags Plus Sales Tax from Tag Purchase & Prepaid Balance Worksheet. \$ \_\_\_\_\_

**Section 5 Prepaid Balance**

Enter \$0.00 if only applying for Postpaid Plans  
 Please select the required minimum or an optional higher amount based upon your anticipated use.  
 Enter Prepaid Balance amount from the Tag Purchase & Prepaid Balance Worksheet \$ \_\_\_\_\_

**Section 6 Initial Payment**

Please total the amounts from Section 4 and 5 above  
 Payment Enclosed Check #: \_\_\_\_\_ \$ \_\_\_\_\_

**Section 7 E-ZPass Business Account Statement Options**

Printed statements are available on a monthly basis - please refer to Section 47 of the "Terms & Conditions" for the Fee Schedule. By selecting this option, you authorize the Maine Turnpike Authority to deduct the monthly statement fee from your Business Prepaid Plan balance.

Statement Delivery (please circle one):                      NONE                      MONTHLY

**Section 8** **Balance Replenishment Options** **Prepaid Plans and Prepaid/Postpaid Combination Plans**

**Automatic Replenishment Option**  
**YES:** \_\_\_\_\_ I elect to participate in the Automatic Replenishment Program and understand that when my Prepaid Plan balance drops below 25% of the Minimum Prepaid Balance listed on the Tag Purchase & Prepaid Balance Worksheet, the Maine Turnpike Authority will automatically charge my credit card account in the amount indicated below. I have provided the necessary information in Section 9.  
 INITIAL \_\_\_\_\_

**Minimum Replenishment Amount** The minimum replenishment amount is equal to your Prepaid Balance amount selected in Section 5. \$ \_\_\_\_\_

**Optional Higher Replenishment Amount** It is suggested to have an amount equal to one month's toll usage. You may select a higher replenishment amount based on your anticipated travel. You may change this amount at any time by contacting our *E-ZPass* Business Department. \$ \_\_\_\_\_

**NO:** \_\_\_\_\_ **Manual Replenishment Option**  
 INITIAL \_\_\_\_\_ I elect not to participate in the Automatic Replenishment Program and understand that I must provide payment as needed to prevent my account balance from dropping below the required minimum balance.

**Section 9** **Credit Card Information for Automatic Replenishment**

**If you selected YES in Section 8, you must complete this section.**

Credit Card (Circle One): Amex VISA MasterCard Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Credit Card Billing Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country/Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Section 10** **Postpaid Plan Bond Form**



If applying for a Postpaid Plan (for travel on Maine Turnpike only), please check here and submit a completed Postpaid Bond Form available by calling 1-888-682-7277.

**Section 11** **Other Company Contacts**

**Inventory Manager (Responsible for Tags)**

**Accounts Payable (Responsible for Payments)**

Contact Name/Title: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

**Section 12** **Authorized Signature**

By signing below, you indicate that you have read and understand the terms and conditions that govern the Maine Turnpike *E-ZPass* Business Account and you agree to abide by these conditions. Also by signing below, you are authorizing The Maine Turnpike Authority or its representatives to deduct tolls and fees from your account. You also agree to have replenishments made by us as you have indicated (Automatic Replenishment) unless you contact us in writing. If you are making manual payments, your payments must reach us within enough time to replenish your *E-ZPass* Prepaid Plan balance before it is overdrawn. This application along with the terms and conditions constitute the Maine Turnpike Authority's *E-ZPass* Business Account Agreement.

Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_