

Date Received: _____ Account Number: _____

Date Processed: _____ Processed By: _____

MMTA 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: _____

Choose your PIN# _____
4 digits (must be digits only)

First Name: _____ MI: _____ Last Name: _____

Title: _____

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.

Please Circle ONLY One

Prepaid
For Prepaid Plans ONLY,
please complete sections
3-9, 11 & 12.

Postpaid
For Postpaid Plans ONLY,
please complete sections
3-6 & 10-12.

Prepaid/Postpaid Combination
For Prepaid/Postpaid Combination
Plans, please complete all sections.

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

Prepaid Plans

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**

YES: _____

INITIAL

Automatic Replenishment Option

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.

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: _____

INITIAL

Manual Replenishment Option

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: _____