

Ohio Turnpike and Infrastructure Commission POSTPAID WITH PREPAID OPTION FOR NON-OHIO TOLLS ACCOUNT APPLICATION

Fax Application to: (440) 891-3523 or Mail Application to: Ohio Turnpike and Infrastructure Commission PO Box 460 Berga OH 44017

	PLEASE PRINT OR TYPE PO Box 460 or fill out this application online at www.ohioturnpike.org Berea, OH 44017																							
	PIN Nu	N Number and list it in the boxes supplied to the right.																						
CONTACT INFORMATION	(For access to your account information over the phone and web) Business Name																							
	Billing Inf	formatio	n									Shinnin	a Infor	matic	n (if dif	foront fro	om coi	atact i	oform	ation)				
	Billing Information Mr. Mrs. Ms. Other (circle one)											Shipping Information (if different from contact information) Mr. Mrs. Ms. Other (circle one)												
												Shipping Contact Person (First Middle Last)												
	Billing Contact Person (First Middle Last)											Snippii	ng Co	ntact	Persor	ı (First i	IVIIdale	e Las	.)					
	Title											Title												
	Address											Address												
	City				Sta	State Zip Code						City						State			Zi	ip Code		
	Phone #				Fax	Fax #						Phone #						Fax #						
	() E-Mail										(E-Mail)					()						
	Enter two	o Credit	t Cards	below.	P = Prir	mary Ca	rd, S =	Second	dary Ca	ırd (Sed	onda	ry card	is opti	onal a	and wil	l only be	e chai	rged i	f prim	nary ca	rd fai	ls).		
CREDIT CARDS	P	Credit Card Type and				Number: VISA MC AMERI					RICAI	AN EXPRESS DISC				SCOVER			Exp. Date MM/YYY				YYY	
				\perp																		/		
	s	Cred	dit Card	d Type a	nd Nun	nber: _	VIS/	1	MC _	_ AME	RICAI	N EXPF	RESS		DISCO	OVER				Ex	p. Dat	te MM/Y	YYY	
																						/		
SURETY BOND	Postpaid										,000.	00 and	a su	rety b	ond ir	n an am	nount	equa	al to	three	mont	hs' tolls	on th	ne
		Ohio Turnpike or a minimum of \$3,000.00 , whichever is greater. Surety Bond Company:																						
		Surety Bond Number:																						
	Surety E	Surety Bond Amount:																						
	LICENSE PLATE NO.					STAT	Έ		MAK			KE .				MODEL				L	Y			EAR
VEHICLE INFORMATION																								
					-																			



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Business Name:												
TRANSPONDER ORDER	Vehicle Description	Vehicle Reference Code	Number of Transponders	Beginning Balance Per Transponder	Total Prepaid Beginning Balance							
	5 Axle Tractor Trailer	727		x \$25.00 =								
				x \$25.00 =								
				x \$25.00 =								
				x \$25.00 =								
				x \$25.00 =								
				x \$25.00 =								
				x \$25.00 =								
				x \$25.00 =								
				x \$25.00 =								
Total Charged to Credit Card =												
A shipping & handling fee of \$3.00 per transponder will be charged on your initial invoice.												
INITIAL BALANCE	Based on my anticipated non-Ohio toll charge activity, please charge my credit card a higher initial balance of \$											
MONTHLY SERVICE FEE	A \$.75 service fee will be charged to your E-ZPass account each month for each transponder used for less than 30 trips in Ohio in the previous month.											
REPLENISHMENT STATEMENTS FOR NON-OHIO TOLLS	ATEMENTS FOR If PRINTED replenishment statements are mailed to the customer, a \$1.00 fee for every 5 transponders issued to the account will be charged to											
	CHECK HERE IF YOU WISH TO RECEIVE PRINTED REPLENISHMENT STATEMENTS BY MAIL.											
Ohio tolls will be charged to your postpaid account. An invoice for your E-ZPass usage on the Ohio Turnpike will be mailed to you month Invoices must be paid by check or electronic funds transfer (EFT). Invoices must be paid within 30 days to avoid late fees (see OTIC E-Z Terms and Conditions for Postpaid with Prepaid Option for Non-Ohio Tolls). Detailed account information is also available 24 hours a da calling: 1-88-TURNPIKE (1-888-876-7453). MONTHLY INVOICE FOR OHIO TOLLS												
	Invoice detail is available online at www.ohioturnpike.org for FREE. If the customer opts to receive PRINTED invoice detail by mail, a \$1.00 fee for every 5 transponders issued to the account will be charged to your account, up to a maximum of \$10.00 per invoice.											
	CHECK HERE IF YOU WISH TO RECEIVE PRINTED INVOICE DETAIL BY MAIL.											
Customer Signature:			Date Signed:									
	ignature and date above confirm that I have read, i	understand and agree to a	- J	nd Conditions related to this acco	unt.							
Footnote: ¹ See Vehicle Reference Code Guide. Vehicle Reference Code indicates the type of vehicle, e.g., a code 727 is a 5 axle combination with trailer up to 48', dual												