



**Ohio Turnpike and Infrastructure Commission  
PREPAID ACCOUNT APPLICATION**

PLEASE PRINT OR TYPE OR  
complete online at [www.ohioturnpike.org](http://www.ohioturnpike.org)

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

<b>CONTACT INFORMATION</b>	Please select a 4 Digit Account PIN Number and list it in the boxes supplied to the right. (For access to your account information over the phone and web) <span style="float:right;">→</span>			□	□	□	□		
	<b>Business Name</b> (if applicable)								
	<b>Billing Information</b>				<b>Shipping Information</b> (if different from billing information)				
	Mr. Mrs. Ms. Other (circle one)				Mr. Mrs. Ms. Other (circle one)				
	Billing Contact Person (First Middle Last)				Shipping Contact Person (First Middle Last)				
	Title				Title				
	Address				Address				
	City		State	Zip Code		City		State	Zip Code
	Phone # (    )		Fax # (    )		Phone # (    )		Fax # (    )		
	E-Mail				E-Mail				

<b>CREDIT CARDS</b>	Enter <b>two</b> Credit Cards below. <b>P</b> = Primary Card, <b>S</b> = Secondary Card (Secondary card is optional and will only be charged if primary card fails).							
	<b>P</b>	Credit Card Type and Number: ___ VISA ___ MC ___ AMERICAN EXPRESS ___ DISCOVER					Exp. Date MM/YYYY	
							/	
	<b>S</b>	Credit Card Type and Number: ___ VISA ___ MC ___ AMERICAN EXPRESS ___ DISCOVER					Exp. Date MM/YYYY	
						/		

<b>VEHICLE INFORMATION</b>	<b>LICENSE PLATE NO.</b>	<b>STATE</b>	<b>MAKE</b>	<b>MODEL</b>	<b>YEAR</b>	<b>COLOR</b>	
	NOTE: Customers with vehicles other than passenger cars must contact the Customer Service Center at 1-888-876-7453.						

<b>TRANSPONDER ORDER</b>	<b>Number of Passenger Vehicle Transponder(s) requested:</b>					<b>Total Charged to Credit Card</b>
	<input style="width:50px; height:20px;" type="text"/> x \$25 for beginning balance applied to each transponder ordered					\$
	A shipping & handling fee of \$3.00 per transponder will be deducted from the available beginning balance.					

<b>INITIAL BALANCE</b>	Based on my anticipated toll charge activity, please charge my credit card a higher initial balance of \$_____
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<b>MONTHLY SERVICE FEE</b>	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.
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<b>REPLENISHMENT STATEMENTS</b>	<p>When your prepaid balance drops below \$10.00 per transponder, your account will be replenished by charging your designated credit card. FREE detailed replenishment statements are available online at <a href="http://www.ohioturnpike.org">www.ohioturnpike.org</a> (see OTIC E-ZPass Terms and Conditions for Prepaid Accounts). Detailed account information is also available by contacting our E-ZPass Customer Service Center Monday - Friday 8:30AM - 5:00PM excluding Federal holidays by calling: (440) 971-2222</p> <p>If <b>PRINTED</b> replenishment statements are mailed to you, 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 statement.</p> <p><input type="checkbox"/> CHECK HERE IF YOU WISH TO RECEIVE PRINTED REPLENISHMENT STATEMENTS BY MAIL.</p>
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<b>Customer Signature:</b>	<b>Date Signed:</b>	
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*My signature and date above confirm that I have read, understand and agree to abide by the Terms and Conditions related to this account.*