



**Pennsylvania Turnpike Commission – Private Account Application**  
**Fax: 717.565.4311 Phone: 877.PENNPASS (736.6727)**  
 DO NOT STAPLE PLEASE PRINT OR TYPE

CGR # \_\_\_\_\_  
# Account \_\_\_\_\_

<b>1. Personal 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)										
	Drivers License # or Business EIN # (Required)							State			
	Applicant Last Name or Business Name					Applicant First Name or Business Contact Name			Middle Initial		
	Co-Applicant Last Name					Co-Applicant First Name			Middle Initial		
	Street Address					City		State	Zip Code		
	Day Phone ( )			Evening Phone ( )		E-Mail Address:					

<b>2. Vehicle Information</b>	Transponders issued for this account are for vehicles weighing 7,000 lbs or less. Vehicles weighing 7,001 – 15,000 lbs may still be added to the account but may require a separate transponder programmed for the specific weight class. List any additional vehicles on separate paper.							
	License Plate Number	State	Make of Vehicle	Model	Gross Vehicle Weight*	Color	Year	
	*Vehicle weight may be found on registration card. Some vehicles, due to special features, may require bumper mounted transponders.							

<b>3. Monthly Statement</b>	<b>A free detailed monthly statement is available at <a href="http://www.pturnpike.com">www.pturnpike.com</a>. Detailed account information is also available 24 hours a day by calling our Toll Free Number 1.877.736.6727. Transactions are available for a limited number of days. See our website for additional information.</b> <input type="checkbox"/> Check here if you wish to receive a monthly statement mailed to the above address for a \$4 fee for every 3 transponders. (The fee will be deducted monthly from your E-ZPass account balance.)							
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<b>4. Program Options:</b> E-ZPass E-ZPass Plus	Please check the box below if you <b>DO NOT WISH</b> to enroll in E-ZPass Plus. E-ZPass Plus allows you to use your E-ZPass transponder to pay for charges at designated locations. Charges under \$20 will be posted to your E-ZPass Prepaid account. Charges of \$20 or more will be billed directly to your credit card. Customers who wish to participate in E-ZPass Plus must replenish their accounts using Option 1 or 2 under No. 6, Account Replenishment Options. For customers who choose replenishment Option 1, you must also secure your account with a credit card. Customers who select Manual Replenishment (Option 3) are not eligible to participate in E-ZPass Plus. If you want more information on E-ZPass Plus, see Item 15 under Terms of Agreement. <input type="checkbox"/> <b>E-ZPass Only – I do not want to participate in E-ZPass Plus</b>							
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<b>5. Annual Service Fee</b>	Annual Service Fee is required for each transponder requested. The annual service fee is \$3 which is non-refundable (after 30 days).						# of transponders <input type="checkbox"/>	x \$3 Annual Service Fee =	\$
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<b>Important</b>    <b>Select Only ONE Replenishment Option</b>	<b>6. Account Replenishment Options</b>	<input type="checkbox"/> <b>Option 1: AUTOMATIC PAYMENT FROM YOUR BANK ACCOUNT</b> - An initial payment of \$35 per transponder is required to open your account. (Please include a voided check along with your payment.) This option authorizes the PTC to initiate debit entries from your bank account for a minimum of \$35 per transponder. This replenishment takes place whenever your account balance reaches a cumulative value of \$10 or less per transponder. (\$10 x # of Transponders) <b>NO DEPOSIT IS REQUIRED.</b> <b>The replenishment amount will be increased if an account replenishes more than 3 times a month.</b> <b>NOTE: Participation in E-ZPass Plus also requires your account to be secured with a credit card. Please enter your credit card information under Secondary Credit Card in No. 7 below.</b>						\$
		<input type="checkbox"/> <b>Option 2: AUTOMATIC PAYMENT FROM CREDIT CARD, DEBIT OR CHECK CARD - REQUIRED FOR E-ZPASS Plus</b> - An initial payment of \$35 per transponder is required to open your account. This option authorizes the PTC to charge the credit card listed below a minimum of \$35 per transponder when your account balance reaches a cumulative value of \$10 or less per transponder. (\$10 x # of Transponders) <b>NO DEPOSIT IS REQUIRED.</b> <b>The replenishment amount will be increased if an account replenishes more than 2 times a month.</b>						\$
		<input type="checkbox"/> <b>Option 3: MANUAL ACCOUNT REPLENISHMENT – This option requires a \$10 deposit for each E-ZPass Transponder.</b> (Make checks payable to the Pennsylvania Turnpike Commission) An initial payment of \$35 per transponder plus \$3 annual fee is required to open your account. This option requires you to replenish your account balance when it reaches a cumulative value of \$15 or less per transponder (\$15 x # of transponders). To replenish your account, send a check to or pay cash at the PTC E-ZPass Customer Service Center. You may also replenish your account by Credit Card. Be aware that there is no billing process. Please allow 5 days for mail delivery and posting to your account. <b>The minimum amount required to establish a manual account is \$10 for transponder deposit plus \$35 for tolls or a total of \$45 per transponder.</b>						\$

<b>7. Initial Payment Method</b>	<b>Primary Credit Card:</b> <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER							<b>TOTAL DUE</b>	
	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card							\$  (Add amounts for Nos. 5 and 6.)	
	<b>Secondary Credit Card:</b> <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER								

<b>8. Customer Authorization (Required)</b>	Be advised that only applicants and authorized contacts will have access to this account. By signing this Application or using an E-ZPass transponder for payment of tolls, I hereby consent to all terms of this application and the agreement. I certify that all information contained in this application is true and accurate.							
	Applicant Signature			Print Name			Date	
	Co-Applicant Signature			Print Name			Date	