

## 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 Berea OH 44017

| PLEASE PRINT OR TYPE PO Box 460 or fill out this application online at www.ohioturnpike.org Berea, OH 44017 |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|---|--|----------------|-------------------------|----------|----------------|-------------|-------|-------|-------|---------------------|---------|---|---|--|----------------|----------|---------|--------|-----------|---------|------------|-----------|-------|----|
|   | Please select a 4 Digit Account PIN Number and list it in the boxes supplied to the right. |                |                         |          |                |             |       |       |       |                     |         |   | _   | <b>→</b>   |                |          |         |        | 1         |         |            |           |       |    |
| CONTACT<br>INFORMATION  | (For access to your account information over the phone and web)  Business Name             |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   | ning information /if different from anatom information |                |          |         |        |           |         |            |           |       |    |
|   | Billing Information Mr. Mrs. Ms. Other (circle one)  |                |                         |          |                |             |       |       |       |                     |         | Shipping Information (if different from contact information)  Mr. Mrs. Ms. Other (circle one) |   |  |                |          |         |        |           |         |            |           |       |    |
|   | , , , , , , , , , , , , , , , , , , ,  |                |                         |          |                |             |       |       |       |                     |         |   | (2.000 5.00)                                |  |                |          |         |        |           |         |            |           |       |    |
|   | Billing Contact Person (First Middle Last)   |                |                         |          |                |             |       |       |       |                     |         | Shi   | Shipping Contact Person (First Middle Last) |  |                |          |         |        |           |         |            |           |       |    |
|   | Title  |                |                         |          |                |             |       |       |       |                     |         | Title   | Title                                       |  |                |          |         |        |           |         |            |           |       |    |
|   | Address  |                |                         |          |                |             |       |       |       |                     |         | Add   | Address                                     |  |                |          |         |        |           |         |            |           |       |    |
|   | City   |                |                         |          | Sta            | State Zip C |       |       |       | p Code              |         |   | City  | City   |                |          |         |        | ate       |         | Zi         | p Code    |       |    |
|   | Phone #  |                |                         |          |                | Fax #       |       |       |       |                     | Pho     | Phone #   |   |  |                |          | Fax #   |        |           |         |            |           |       |    |
|   | ( )<br>E-Mail  |                |                         |          |                |             |       |       |       | E-N                 | ( ) ( ) |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   | Enter two  | <b>o</b> Credi | t Cards                 | below.   | <b>P</b> = Pri | mary (      | Card, | S = S | Secon | dary C              | ard (S  | econ  | dary c                                      | ard is o   | ptional        | and will | only be | charge | ed if pri | nary ca | ard fail   | s).       |       |    |
|   |  | nd Nur         | Number: VISA MC AMERIC. |          |                |             |       |       | CAN E | AN EXPRESS DISCOVER |         |   |   |  | Exp. Date MM/Y |          |         |        | /ΥΥ       |         |            |           |       |    |
| CREDIT CARDS  | Р  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            | /         |       |    |
|   | s  | Cred           | dit Card                | d Type a | nd Nur         | nber:       | _     | VISA  |       | MC _                | AM      | ERI   | CAN E                                       | XPRES  | ss             | DISCO    | VER     | 1      | -         | Ex      | p. Dat     | e MM/Y    | /ΥΥ   |    |
|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            | /         |       |    |
|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        | <u> </u>  |         |            |           |       |    |
| SURETY BOND   | Postpaid<br>Ohio Tu  |                |                         |          |                |             |       |       |       |                     |         | 51,00   | 00.00                                       | and a  | surety I       | oond in  | an am   | ount e | qual to   | three   | montr      | ns' tolls | on th | е  |
|   | Surety Bond Company:   |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   | Surety Bond Number:  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   | Surety Bond Amount:  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   |  |                | STATE                   |          |                | MAK         |       |       |       | VE                  |         |   |   | MODE   |                |          |         |        |           |         | EAR        |           |       |    |
| VEHICLE<br>INFORMATION  | LICENSE PLATE NO.  |                |                         |          |                | STATE       |       |       | MAN   |                     |         |   | NE.   |  |                |          | MODEL   |        |           |         | . <b>L</b> |           |       | AK |
|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
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|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
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|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |
|   |  |                |                         |          |                |             |       |       |       |                     |         |   |   |  |                |          |         |        |           |         |            |           |       |    |



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

PLEASE PRINT OR TYPE or fill out this application online at www.ohioturnpike.org

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

| Business Name:   |   |                           |                           |                                    |                                    |  |  |  |  |  |  |  |
|--|---|---------------------------|---------------------------|------------------------------------|------------------------------------|--|--|--|--|--|--|--|
| TRANSPONDER<br>ORDER   | Vehicle Description   | Vehicle Reference Code    | Number of<br>Transponders | Beginning Balance Per Transponder  | Total Prepaid<br>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<br>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<br>STATEMENTS FOR<br>NON-OHIO TOLLS  | Non-Ohio tolls will be charged against your prepaid account balance. 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 www.ohioturnpike.org. Detailed account information is also available by contacting our E-ZPass Customer Service Center Monday - Friday 3:30AM - 5:00PM excluding Federal holidays by calling: (440) 971-2222  f PRINTED replenishment statements are mailed to the customer, a \$1.00 fee for every 5 transponders issued to the account will be charged to your monthly invoice, up to a maximum of \$10 per statement. |                           |                           |                                    |                                    |  |  |  |  |  |  |  |
|  | CHECK HERE IF YOU WISH TO RECEIVE PRINTED REPLENISHMENT STATEMENTS BY MAIL.   |                           |                           |                                    |                                    |  |  |  |  |  |  |  |
| MONTHLY INVOICE  | 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 monthly. 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-ZPass Terms and Conditions for Postpaid with Prepaid Option for Non-Ohio Tolls). 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   |                           |                           |                                    |                                    |  |  |  |  |  |  |  |
| FOR <u>OHIO</u> TOLLS  | Invoice detail is available online at <b>www.ohioturnpike.org</b> for FREE. If the customer opts to receive <b>PRINTED</b> 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<br>Signature:   |   |                           | Date<br>Signed:           |                                    |                                    |  |  |  |  |  |  |  |
|  | ignature and date above confirm that I have read,   | understand and agree to a |                           | nd Conditions related to this acco | unt.                               |  |  |  |  |  |  |  |
|  |   |                           |                           |                                    |                                    |  |  |  |  |  |  |  |
| Footnote: <sup>1</sup> 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 |   |                           |                           |                                    |                                    |  |  |  |  |  |  |  |