

## **SUNPASS® PERSONAL ACCOUNT APPLICATION**

(Not for Commercial Accounts)

CUSTOMER INFORMATION			PERSONAL IDENTIFICATION NUMBER
			Please enter a confidential 4-digit (numeric) identification number in the box provided. You
Last Name Fi	irst Name		will need this number to verify your identity when requesting account information.
Street Address		Apt.#	
City County	State	Zip Code	SUNPASS PLUS AIRPORT PARKING
Daytime Phone Evening Phone			Check this box if you DO NOT want to enjoy the speed and convenience of using your transponder to pay for parking at Miami, Orlando, Ft. Lauderdale, Tampa and Palm Beach International airports. To be a SunPass Plus customer, you must sign up for SunPass* Easy Pay auto replenishment using a credit card.
Driver's License # State			
Email Address (Will help you access your account online)			CUSTOMER AGREEMENT
Mother's Maiden Name (Optional for ID purp	oses)		I hereby agree to use the SunPass System in accordance with the terms and conditions of the <u>SunPass</u>
			<u>Customer Agreement</u> . I understand that my SunPass transponder must be properly mounted on the inside of the vehicle's windshield. The transponder will allow passage on all SunPass-equipped toll facilities and that the toll charges will be deducted from my SunPass Prepaid Account. If I do not agree with the stated terms and conditions of the Agreement, I will return my SunPass Transponder within <b>45 days</b> for a refund.
VEHICLE AND LICENSE PLATE IN  Please list all vehicles that may be used under this continue on separate sheet.			
License Plate #	State	Year	Authorized Signature:Date:
Make/Model	Color		SUBMIT YOUR COMPLETED APPLICATION TO:
License Plate #	State	Year	New Enrollments SunPass Prepaid Toll Program
Make/Model	Color		PO Box 880029 Boca Raton, Florida 33488-0029
			Fax: 1-888-265-1725
TRANSPONDER PURCHASE			PREPAID ACCOUNT REPLENISHMENT OPTIONS
SunPass <b>PORTABLE</b> can be purchased for \$19.99 purchased for \$4.99 plus applicable sales tax.	plus applicable sales tax. SunPass	MINI can be	The SunPass Program offers several convenient methods to replenish your Prepaid Account. Please select a replenishment option of your choice from the following methods A-C:
SunPass <b>PORTABLE</b> Transponders ordered	@ \$19.99 each		☐ OPTION A: IN PERSON OR BY MAIL (select one)
SunPass MINI Transponders ordered @ \$4.99 each  TAXABLE SUBTOTAL			☐ I prefer to replenish my Prepaid Account in person with cash, check or money order at an Wells Fargo Bank, or by simply mailing my payment using a check or money order to SunPass Service Center. [SunPass Prepaid Toll Program, P.O. BOX 880049, Boca Raton, Florida 33488-004 I understand by selecting this option, SunPass Deposit Takets will be mailed to me within 2-3 week
PLUS Florida sales tax for your county*			☐ I prefer to replenish my Prepaid Account in person with cash at an authorized SunPass
PLUS <b>initial prepaid account balance</b> - required <b>\$10.00.</b> (Adding \$10.00 per transponder is reco			Payment Center. (Visit SunPass.com/cash for locations throughout the state of Florida.)  No credit card or SunPass Deposit Tickets needed.
TOTAL ENCLOSED FOR TRANSPONDER PUR	+		☐ OPTION B: <u>WWW.SUNPASS.COM</u> OR PHONE
*Sales tax rates are to include Florida state sales the county listed under "Customer Information"	above. Please verify the sales tax		This option allows you to replenish your Prepaid Account with a major credit card online at www.SunPass.com.
county at: http://dor.myflorida.com/dor/forms/c			You may also replenish using our automated phone system or by speaking with a customer service representative at 1-888-TOLL-FLA (888-865-5352).
Please select Option A or B indicating your payment method.			☐ OPTION C: AUTOMATIC CREDIT/DEBIT CARD REPLENISHMENT
OPTION A: CHECK OR MONEY ORDER			This option authorizes the SunPass Program to automatically replenish your Prepaid Account by charging your card whenever your account drops to a low balance of \$10.00.
Check/Money Order Number Amount			Automatic Replenishment Amount (Minimum \$10.00): \$
(Please make checks payable to Florida  OPTION B: CREDIT/DEBIT CARD	a Department of Transportation.)		Authorization: I hereby authorize the SunPass Program to charge my credit card in the amount indicated above whenever my Prepaid Account drops to a low balance of \$10.00. I understand thi authorization will remain in effect until I notify the SunPass Customer Service Center by phone.
Please check one:	TERCARD DISCOVER	☐ AMEX	Please check one: VISA MASTERCARD DISCOVER AMEX
Authorized Signature	Date		Authorized Signature Date
Credit/Debit Card Number	Expiration	Date	Credit/Debit Card Number Expiration Date