



Application and Agreement

FasTrak® Customer Service Center
PO BOX 26898, San Francisco, CA 94126
877-BAY-TOLL (877-229-8655) FAX (415) 956-1663
415-486-8655 (outside CA)

GOLDEN GATE BRIDGE License Plate Account

For Office Use Only

Acct. No. _____

Application Information (Please Print or Type)

☐

Individual

☐

Business (Contact Name Required)

* indicates required information

*First Name _____ Middle Initial _____ *Last Name _____

Business Name _____

* E-mail Address _____

* Street Address _____

*City _____ *State _____ *Zip _____

Home Phone _____ Cell Phone _____ Fax _____

All License Plate Account correspondence (except statements) is by email only.

I would like to receive my statements via _____ E-mail (monthly) _____ Regular Mail (quarterly)

Payment Options (Select One)

☐

Option 1 - Credit Card By selecting this option, I authorize the Golden Gate Bridge to charge my credit card after toll crossings.

Credit Card Account Type (Check One)

_____ Visa

_____ Master Card

_____ AMEX

_____ Discover

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Credit Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration (Mo/Yr)

Signature _____ (Required for Credit Card)

☐

Option 2 - Check or Cash Make check or money order payable to Pay-By-Plate. Do not send cash by mail. Please include license plate number on the check. Return to FasTrak, Box 26898, San Francisco, CA, 94126.

Cash payment can be made at a cash payment location after you receive your account number by mail or e-mail. To find a location visit www.goldengate.org/tolls/cashlocations or call 877-229-8655 for assistance.

Total Amount: \$ _____ (minimum amount \$7.25)

Vehicle Information (maximum of 5 vehicles)

Vehicle	License Plate Number	State	Make	Model	Year	Start Date*
1						
2						
3						
4						
5						

* Start Dates may be backdated up to 90 days from today's date. By setting a Start Date in the past, you are accepting responsibility for any tolls associated with that vehicle since the indicated Start Date.

Authorization

I have read the information contained on this form and have read the License Plate Account Agreement and Personal Information Notice on the reverse side of this application. By signing, I indicate my agreement with the terms and conditions stated on this Application and Agreement.

Optional information

How did you hear about the Pay-By-Plate License Plate Account?

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Radio news | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Newspaper Story |
| <input type="checkbox"/> TV News | <input type="checkbox"/> Radio/TV Ad | <input type="checkbox"/> Handout at toll booth |
| <input type="checkbox"/> 511 | <input type="checkbox"/> Brochure | <input type="checkbox"/> On-road signs |
| <input type="checkbox"/> Other: _____ | | |

SIGNATURE (Required) _____

DATE _____