

SUNPASS® FLEET ACCOUNT APPLICATION

(For accounts with a minimum of 101 transponders or vehicles)

Please visit us at www.sunpass.com to complete your application online.



To reduce delays in processing your application, please be sure to complete all sections in its entirety.

CONTACT INFORMATION

Account Name					DBA Name					
FEIN					Tax Exempt # (a copy of the tax exempt form is required)					
Mailing Address					Tax Exempt Expiry Date					
	Street Address		Apt. #		City		State		Zip Code	
Primary Contact										
	First Name		MI		Last Name					
	Mobile Phone		Alternate Phone		Email Address					
Secondary Contact										
	First Name		MI		Last Name					
	Mobile Phone		Alternate Phone		Email Address					
4-Digit Pin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Used to access your account information over the phone.)					

COMMUNICATION PREFERENCES

Set preferences per notification type by checking the channels below.

Notification Type	Mobile Text *	Email	Mail (no fee)	Phone*
Account Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel-Related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction Updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monthly Statements

- ☐ Check here to receive your monthly statements via mail.
- ☐ Check here to receive your monthly statements via email.

*Text message / phone rates apply

VEHICLE INFORMATION

A minimum of 101 vehicles are required to open a Fleet account. For customers using transponders, there is a maximum of two vehicles per transponder purchased.

Please visit us at <https://www.sunpass.com/en/about/vehicleuploadhelp.shtml> for instructions on how to upload your vehicle list.

TRANSPONDER PURCHASE - FOR CUSTOMERS USING TRANSPONDERS

Minimum purchase of 101 transponders is required.

- ☐ Check here if you would like the convenience of using your transponder to pay for parking at Orlando, Ft. Lauderdale, Tampa, Palm Beach international airports, Port Canaveral, and the Hard Rock Stadium. You must be enrolled in Easy Pay. For more information about SunPass Plus Parking and the most current list of SunPass Plus Parking facilities, please visit us at www.sunpass.com.

Transponder	Detail	Item Cost	Quantity	Total
SunPass Mini	<ul style="list-style-type: none">Must be affixed to the vehicle's windshieldCannot be moved from vehicle to vehicleNot designed for Motorcycles45 day warranty for manufacturer defects	\$4.99 (subject to tax)		\$
SunPass PRO (Works where E-ZPass is accepted)	<ul style="list-style-type: none">Can be moved from vehicle to vehicleBatteries not required2 year warranty (transponder only, excludes mounting cups)	\$14.95 (subject to tax)		\$

** Sales tax rates are to include Florida state sales tax of 6.00% plus county discretionary sales tax for the county of the city listed under "Contact Information" above. To verify the sales tax rate for your county visit: http://floridarevenue.com/Forms_library/current/dr15dss_2018.pdf

Taxable subtotal due for transponder(s)

\$

PLUS sales tax**

\$

PLUS Initial Prepaid Tolls (minimum opening balance of \$1,000.00)

\$

TOTAL AMOUNT FOR TRANSPONDER(S) PURCHASE

\$

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PAYMENT INFORMATION

Please select a payment option below to complete your application request. If transponders are not being purchased an initial \$1,000.00 is required for prepaid tolls.

Total Payment Amount \$ _____

☐ Check or Money Order # _____

(Please make checks payable to Florida Department of Transportation.)

OR Credit/Debit Card

☐ VISA

☐ MASTERCARD

☐ DISCOVER

☐ AMEX

Credit/Debit Card #

Name on the card

Expiration
Date

OR ACH Withdrawal

☐ Checking

☐ Savings

Bank Account #

Routing #

Authorization: I hereby authorize the SunPass program to charge my credit card/ bank account the amount listed above.

Authorized Signature

Date

ACCOUNT REPLENISHMENT OPTIONS

Please select how you would like to replenish your prepaid account:

☐ **One Time Payments**

You will be responsible for making payments to your account. Payments can be made via the phone, website, mail, or in person.

☐ **Stored Card**

This option allows you to leave a credit card on your account to be used for one time payments. SunPass will not automatically charge your card.

☐ **Easy Pay**

This option authorizes SunPass to automatically charge your credit card/bank account when your prepaid account reaches a low balance of \$250.

Automatic Replenishment Amount (minimum replenishment amount is \$250) \$ _____

Credit/Debit Card

☐ Use the same card as above (Please sign below.)

☐ VISA

☐ MASTERCARD

☐ DISCOVER

☐ AMEX

Credit/Debit Card #

Name on the Card

Expiration Date

OR ACH Withdrawal

☐ Checking

☐ Savings

Bank Account #

Routing #

Authorization: I hereby authorize the SunPass program to charge my credit card/ bank account the amount listed above.

Authorized Signature

Date

CUSTOMER AGREEMENT

My completion of this Application and payment above constitute my agreement to use SunPass subject to all applicable terms and conditions. I understand and agree that by using SunPass facilities, the resulting charges will be deducted from my SunPass account. I understand and agree that I have read, understand, and accept the Terms and Conditions accompanying this Application and set forth in this form, all of which are part of my agreement.

Authorized Signature

Date

COMPLETED APPLICATION MAILING ADDRESS

New Enrollment

SunPass Customer Service Center

P.O. Box 447

Ocoee, FL 34761

**For questions or for additional information,
please visit us at www.sunpass.com**

Reference # _____