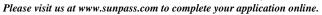
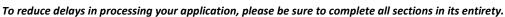
SUNPASS® FLEET ACCOUNT APPLICATION

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







CONTACT INFORMATION	N							
Account Name	DBA Name							
FEIN		Tax Exemp	t # (a copy of the ta	x exempt form is	s required) Tax	Exempt Expiry	Date
Mailing Address								
	Street Address		Apt. #				State	Zip Code
Primary Contact								
	First Name	MI		Last Name				
	Mobile Phone	Alte	Alternate Phone		Email Address			
Secondary Contact					2			
•	First Name	MI	MI Last Name					
	Mobile Phone	Alte	Alternate Phone		Email Address			
4-Digit Pin		cess your account i	information over th	e phone.)				
COMMUNICATION PREF								
Set preferences per noti	fication type by chec	king the channels	s below.		_	Monthly	Statements	
Notification Type	Mobile Text *	Email	Mail (no fee)	Phone*		Check here to receive your monthly statements via mail.		
Account Information								all.
Marketing					\perp			
Travel-Related Newsletter						 Check here to receive your monthly statements via email. 		
Construction Updates							/ phone rates a	
VEHICLE INFORMATION			<u> </u>			rext message	7 phone rates a	, p.,
A minimum of 101 vehi	cles are required to	open a Fleet acco	ount. For custom	ers using transi	ponders.	there is a ma	aximum of two	o vehicles
per transponder purcha	sed.	_			_			
Please visit us at https://				o.shtml for inst	tructions	on how to up	load your vehic	ele list.
TRANSPONDER PURCHA			DERS					
Minimum purchase of 103 Check here if you wo	I transponders is requ uld like the conveniend		ansponder to pay fo	or narking at Orla	ando Et I	auderdale Ta	mna Dalm Beac	·h
	s, Port Canaveral, and t							
	current list of SunPas	s Plus Parking facil	ities, please visit us	at www.sunpass	s.com.			
Transponder	Detail				It	em Cost	Quantity	Total
SunPass Mini								
	Not designed for		ee.		(sub	\$4.99 ject to tax)		\$
		45 day warranty for manufacturer defects						
SunPass PRO		 Can be moved from vehicle to vehicle Batteries not required 						\$
(Works where E-ZPass is accepted)	•	· · · · · · · · · · · · · · · · · · ·				ject to tax)		, ,
** Sales tax rates are to inc	clude Florida state sales	tax of		Tax	able subt	otal due for t	ransponder(s)	\$
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: PLUS Initial Prepaid Tolls (minimum opening balance of \$1,000.00)						\$		
http://floridarevenue.com/Forms_library/current/ TOTAL AMOUNT FOR TRANSPONDER(S) PURCHASE dr15dss_2018.pdf							\$	
ui 13u33_2010.pui								

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.



	ΜΔΤΙΩΝ

PAYMENT INFORMA	HON					
Please select a paymer prepaid tolls.	nt option below to complete your appli	cation request. If transponders are not being purchased an i	nitial \$1,000.00 is required for			
Total Payment Amour	ıt \$					
☐ Check or Money Or	der #					
	/Dia					
	(Please make checks pa	yable to Florida Department of Transportation.)				
OR Credit/Debit Card						
☐ VISA						
☐ MASTERCARD☐ DISCOVER	Credit/Debit Card #	Name on the card	Expiration			
□ AMEX			Date			
OR ACH Withdrawal						
☐ Checking						
☐ Savings						
	Bank Account #	Routing #				
	Authorization: I hereby authorize the	SunPass program to charge my credit card/ bank account th	e amount listed above.			
	Authorized Signature		Date			
4 6661 INIT DEDI ENUSI	Authorized Signature		Date			
ACCOUNT REPLENISI						
	would like to replenish your prepaid ac	count:				
One Time Paym		Downstands and be used with the above white well				
_	onsible for making payments to your a	ccount. Payments can be made via the phone, website, mail,	or in person.			
Stored Card	ws you to leave a credit card on your ac	count to be used for one time payments. SunPass will not au	stomatically charge your card			
	ws you to leave a credit card on your ac	count to be used for one time payments. Surrass will not au	tomatically charge your card.			
,,	norizes SunPass to automatically charge	your credit card/bank account when your prepaid account r	eaches a low balance of \$250.			
	,	, , ,, ,				
Automatic Replenishn	nent Amount (minimum replenishmen	t amount is \$250) \$				
Credit/Debit Card	\square Use the same card as above (Plea	se sign below.)				
□ VISA						
MASTERCARD	Credit/Debit Card #	Name on the Card	Expiration Date			
DISCOVER	Credity Debit Card #	Name on the Card	Expiration Date			
□ AMEX						
OR ACH Withdrawal						
☐ Checking	Bank Account #	Routing #				
☐ Savings	Touting if					
	Authorization: I hereby authorize	the SunPass program to charge my credit card/ bank accour	it the amount listed above.			
	Authorized Signature	Date				
CUSTOMER AGREEM	ENT					
		my agreement to use SunPass subject to all applicable terms and	conditions Lunderstand and gares			
		cted from my SunPass account. I understand and agree that I hav				
Terms and Conditions ac	ccompanying this Application and set forti	h in this form, all of which are part of my agreement.				
Authorized Signature		Date				
COMPLETED APPLICA	ATION MAILING ADDRESS					
New Enrollment		For questions or for additional information,				
SunPass Customer Se	rvice Center	please visit us at www.sunpass.com				
P.O. Box 447						
Ocoee, FL 34761		Reference #				