## **SUNPASS® PRIVATE ACCOUNT APPLICATION**

(For accounts up to 100 transponders)

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



To reduce delays in processina your application, please be sure to complete each section in its entirety.

CONTACT INFO	D TIO.			to complete e					,-			
	RMATION	I										
Primary Contact		Secondary Contact										
First Name		MI Last Name			First Name				MI	Last Name		
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Mailing Address												
	Str	reet Address				Apt.# City			State	Zip Code		
Mobile Phone												
Alternate Phone					4-Digi	it PI	N					
							(Used to access your account					
Email			information over the phone.)									
COMMUNICAT	ION PREF	ERENCES										
Set preferences p	per notifica	ation type by chec	king the channels	s below.					M	onthly Stateme	nts	
Notification Type		Mobile Text *	Email	Mail (no fe	ee)	e) Pho			☐ Check here to red		eive your	
Account Information									monthly statements via		via mail	
Marketing									for a \$1.50 fee.			
Travel-Related									$\Box$ Check here to receive yo		·	
Newsletter									mon	thly statements	free via email.	
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VEHICLE INFOR	MATION											
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<sup>\*\*</sup> 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

## SUNPASS® PRIVATE ACCOUNT APPLICATION

(For accounts up to 100 transponders)



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

PAYMENT INFORMATIO	NΝ									
Please select a payment opt	ion below	to complete your application re	request.							
<b>Total Payment Amount</b>	\$									
$\ \square$ Check or Money Order #	_			_						
	_	(Please make checks navable to	to Florida Department of Transportation.)							
OR Credit/Debit Card		i rease make oriento payable te	o Horida Department of Hamsportation,							
□ VISA	Crodit/F	Debit Card #	Name on the Card	Expiration						
☐ MASTERCARD ☐ DISCOVER	Credit/L	replit Card #	Name on the Caru	Date						
☐ AMEX										
<b>OR</b> ACH Withdrawal										
☐ Checking	Bank Ac	count #	Routing #							
☐ Savings	Authoriz	ation: I hereby authorize the Se	SunPass program to charge my credit card/bank account the amount	listed above.						
	Authoriz	zed Signature	Date							
ACCOUNT REPLENISHM	IENT OD	TIONS								
Please select how you would I	ike to reple	nish your prepaid account:								
One Time Payments	for making	navments to your account Pay	ments can be made via the phone, website, mail, or in person.							
Stored Card	, TOT THUKING	5 payments to your account. I ay	ments can be made via the phone, website, mail, or in person.							
This option allows you	to leave a	credit card on your account to be	e used for one time payments. SunPass will not automatically charge you	r card.						
Easy Pay										
This option authorizes	SunPass to	automatically charge your credit	it card/bank account when prepaid account reaches low balance of \$10.0	0 per transponder.						
Automatic Replenishment	Amount (r	ninimum \$10.00 per transpon	der) \$							
Credit/Debit Card	☐ Use th	e same card as above (Please s	sign below.)							
□ VISA										
☐ MASTERCARD ☐ DISCOVER	Credit/D	Debit Card #	Name on the Card	Expiration						
☐ AMEX				Date						
OR ACH Withdrawal  ☐ Checking	-									
☐ Savings	Bank Ac	count #	Routing #							
-										
	Authorization: I hereby authorize the SunPass program to charge my credit card/bank account the amount listed above.									
	Authoria	zed Signature	Date							
		.cu signature	Date							
CUSTOMER AGREEMEN										
			y agreement to use SunPass subject to all applicable terms and cond vill be deducted from my SunPass account. I understand and agre							
	-		s Application and set forth in this form, all of which are part of my agi							
Authorized Signature			Date							
COMPLETED APPLICATI	ION MAI	LING ADDRESS								
New Enrollments			For questions or for additional information,							
SunPass Customer Service Center			please visit us at www.SunPass.com							
P.O. Box 447										
Ocoee, FL 34761			Reference #	Reference #						