ACCOUNT APPLICATION

Submit this form by one of the following methods, along with copies of your operating credentials.

Fax: 866.445.1215 | Mail: 101 N 1st Ave Ste. 2200, Phoenix, AZ 85003 | Email: Sales@PrePass.com

APPLICANT

Account Name:			Application Type: ☐ New Account ☐ Existing Account # _____	
Company Leased To or DBA Name:			USDOT Number:	CA Number:

BILLING

Billing Contact:			Phone: ☐ Office ☐ Mobile ☐ Home ☐ Other – – ext.
Address:			Fax: – –
City:	State:	ZIP:	Email:

SHIPPING

Shipping Contact:			Phone: ☐ Office ☐ Mobile ☐ Home ☐ Other – – ext.
Address:			Fax: – –
City:	State:	ZIP:	Email:

LICENSES & PERMITS

L&P Contact:			Phone: ☐ Office ☐ Mobile ☐ Home ☐ Other – – ext.
Address:			Fax: – –
City:	State:	ZIP:	Email:

SERVICES

Services Applying For:

☐ PrePass ☐ PrePass Plus ☐ Tolls Only ☐ PrePass Ag ☐ PrePass eLOGS ☐ PrePass Gates

HAZARDOUS CARGO

Hazardous Loads Hauled By Your Vehicles: (Choose All That Apply)

☐ Hazardous Materials ☐ Hazardous Waste ☐ Fuel Tankers ☐ None

Hazardous Cargo Frequency: (Choose One)

☐ Dedicated ☐ Occasional ☐ No Hazardous Cargo

AGREEMENT

By signing below, I certify that I have read and understood the information on all pages of this application and the PrePass License Agreement, and indicate my authority and consent to bind the applicant in whose name this application is made to these terms. I attest that the included operating credentials and the information provided on all pages of this application are valid and accurate to the best of my knowledge.

Signature:	Title:	Date:

HOW DID YOU HEAR ABOUT PREPASS?

☐ Word Of Mouth ☐ Direct Mail ☐ Internet ☐ Magazine Ad ☐ Sales Representative | Name: _____

☐ Radio Ad ☐ State Trucking Assn. ☐ Trade Show ☐ E-ZPass ☐ OOIDA | Member Number: _____

☐ PrePass Customer Referral | Account #: _____ Customer Name: _____

☐ Other: _____ **PROMO CODE**: CALCON

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