# Application Agreement

MnPASS Customer Service Center
2055 Lilac Drive N
Golden Valley, MN
55422

Phone: 866.397.4334
E-mail: customerservice@mnpass.net
www.mnpass.net

*For office use only*

Acct. No._____ Tag 1 _____
Auth. Code_____ Tag 2 _____
CSR I.D._____ Tag 3 _____

## *Customer Information (Please Print or Type.)*

☐ Mr. ☐ Mrs. ☐ Ms. Last name:_____ First:_____ Middle initial:_____

Driver's license number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐

Permanent address:_____

City:_____ State:_____ Zip:_____

Mailing address: ☐ Same as permanent or _____

City:_____ State:_____ Zip:_____

Day phone: (_____)_____ Mobile phone: (_____)_____

Email:_____

Tag Type (Check one): ☐ Sticker (Free) ☐ Switchable ($15)

## *Payment*

A1. Prepaid fee balance per MnPASS tag $ 25.00
A2. Tag cost $_____
A3 Number of Tags Ordered $_____
A4.Total Charges $_____

*Credit Card Information*

Credit card (Check ☐ American ☐ Visa ☐ Master ☐ Discover

Credit card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp (Month/Yr) ☐☐/☐☐

*Your account will be automatically replenished $40 or the equivalent of one-month's usage averaged over a three-month period each time your account balance falls below $15*

Date of birth ☐☐/☐☐/☐☐☐☐

*Select Preferred Recharge Method: $40/recharge* ☐ *Variable recharge* ☐

## *Vehicle Information (Please attach information for additional vehicles on a separate piece of paper)*

| Vehicle | License plate | State | Make/Model | Year | Color |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

## *Authorization*

*I have read and reviewed the information on this Application and the Customer Agreement. By signing below, I indicate my acceptance and consent to the terms and conditions of this Application and the Customer Agreement.*

Signature:_____ Date:_____

## *How did you learn about us? (Optional)*

☐ On-road signs ☐ Customer referral ☐ Parking garage ☐ Newspaper ad ☐ Bus stop ad ☐ Web ad

☐ Billboard ad ☐ Newspaper article ☐ Other _____