



Pennsylvania Turnpike Commission
COMMONWEALTH
ACCOUNT APPLICATION

Mail Application to:
 Pennsylvania Turnpike Commission
 700 South Eisenhower Blvd.
 Attn: Credit & Collections
 Middletown, PA 17057
 Phone # 1-877-736-6727

CSR #

Account #

DO NOT STAPLE PLEASE PRINT OR TYPE

COMMONWEALTH	1. Agency Information		Tax Exempt # (If Applicable)		EIN #		State																						
	Please select a 4 Digit Account Pin Number and list it in the boxes supplied to the right. (For access to your account information over the phone and web)																												
	Agency Name																												
	Billing Contact Person & Title (Required)				Shipping Contact Person & Title (Required)																								
	Address				Address																								
	City			State	Zip Code		City			State	Zip Code																		
	Contact # ()			Fax # ()		Contact # ()			Fax # ()																				
	E-Mail				E-Mail																								
	Contact Person & Title (Optional)				Contact Person & Title (Optional)																								
	Address				Address																								
City			State	Zip Code		City			State	Zip Code																			
Contact # ()			Fax # ()		Contact # ()			Fax # ()																					
E-Mail				E-Mail																									
		COMPLETE THE ATTACHED TRANSPONDER IDENTIFICATION/ORDER FORM																											
2. Account Option		<input checked="" type="checkbox"/>	Commonwealth Interagency Agreement																										
3. # Of Transponders		<input type="text"/>	In the area to the left, fill in the number of transponders ordered, from the Transponder Order Form. In BOX C , fill in the Total Cost of Transponder(s) from the Transponder Order Form.					<div style="border: 1px solid black; padding: 5px; display: inline-block;"> BOX C \$0.00 </div>																					
4. Monthly Statement Fee		A FREE detailed monthly statement is available online at www.paturnpike.com . Detailed account information is also available 24 hours a day by calling our Toll Free number: 1-877-736-6727 The FEE for a PRINTED statement will be deducted from or charged to your E ZPass account monthly. Refer to the Government Agency agreements to determine the cost to you of a monthly printed statement.																											
		<input type="checkbox"/>	CHECK HERE IF YOU WISH TO RECEIVE A PRINTED MONTHLY STATEMENT.																										
5. Credit & Collections Checklist		<table border="1"> <tr> <th colspan="3">Attachment Check List</th> <th colspan="3"></th> <th colspan="3"></th> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Commonwealth Account Application</td> <td align="center"><input type="checkbox"/></td> <td>PTC E-ZPass Transponder Order Form</td> <td align="center"><input type="checkbox"/></td> <td>Commonwealth Interagency Agreement (Signed)</td> <td colspan="4">Historical Discount %:</td> </tr> </table>									Attachment Check List									<input type="checkbox"/>	Commonwealth Account Application	<input type="checkbox"/>	PTC E-ZPass Transponder Order Form	<input type="checkbox"/>	Commonwealth Interagency Agreement (Signed)	Historical Discount %:			
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6. PTC Approval		PTC Approval Signature:			Date:		PTC App. Approval Number:		Charge Card Account Number:																				