

PIKEPASS Add-On Request Form

4401 W. Memorial Rd., Suite 130, Oklahoma City, OK 73134
 1.800.745.3727 (1.800.PIKEPASS) FAX 405.751.5248 www.pikepass.com

SECTION I -- ACCOUNT INFORMATION *(Please Print)*

ADDRESS CHANGE?

ACCOUNT NUMBER _____

ACCOUNT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE _____ EVENING PHONE _____

ACCOUNT ACCESS CODE _____

The Account Access Code is required to complete all service requests. See your service representative for more information.

SECTION II -- VEHICLE INFORMATION *(Each vehicle should have a separate PIKEPASS)*

- Provide Total Axle Count for any Tractor/Trailer Combination – See your Service Representative for more information.
- List additional vehicles on a separate sheet.

License Plate		Vehicle				Office Use Only
State	Plate #	Year	Make	Model / Unit #	# Axles	PIKEPASS #

SECTION III - AUTO REPLENISHMENT / SECURE METHOD *(Optional)*

Auto Replenishment

Secure Method

I authorize my credit/debit card to be charged to either Auto Replenish my account balance as required, or to pay the delinquent balance plus minimum prepaid toll amount if my account is negative for 45 consecutive days by using the Secure Method.

VISA

MASTERCARD

AMERICAN EXPRESS

DISCOVER

Credit Card # _____ - _____ - _____ - _____ Expiration Date _____ Amount Paid _____

Cardholder Name (as it appears on card) _____

Cardholder Signature *(Required)* _____

SECTION IV -- SIGNATURES *(Required)*

➔ *Account Holder Signature*

Print Name _____ Signature _____

➔ *Your Signature – (If you are not the Account Holder)*

Print Name _____ Signature _____

Office Use
 REP: _____ Date: _____

ACCOUNT NUMBER _____