

/// INTERNAL USE ONLY /// ACCOUNT # \_\_\_\_\_ CSR ID \_\_\_\_\_ DATE \_\_\_\_\_

## SECTION 1: APPLICANT INFORMATION

**AGENCY NAME** \_\_\_\_\_

**PRIMARY CONTACT** LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ TITLE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL \_\_\_\_\_

**SECONDARY CONTACT** LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**CHALLENGE QUESTION** (used for verification purposes when accessing your account)

Please select one of the following questions:

- WHAT IS THE NAME OF THE STREET YOU GREW UP ON?  WHAT IS THE NAME OF YOUR FIRST BOSS?  
 WHO WAS YOUR FIRST SCHOOL TEACHER?  WHAT IS THE NAME OF YOUR FIRST PET?

ANSWER \_\_\_\_\_

**PERSONAL IDENTIFICATION NUMBER (PIN)** You must provide a four-digit PIN to access your account using the automated telephone system. \_\_\_\_\_ Please retain for your records.

## SECTION 2: VEHICLE INFORMATION

The agency is responsible for keeping account and vehicle information CURRENT at all times.

LICENSE PLATE #	STATE	# OF AXLES	YEAR	MAKE	MODEL
For more than 10 vehicles, please submit a separate spreadsheet or USB drive.				<b>Total # of Vehicles</b>	

## SECTION 3: AGREEMENT TO TERMS AND CONDITIONS

**Completion of this application, receipt of Transponder(s) and signature below constitutes the AGREEMENT subject to the attached Terms and Conditions.**  
 By signing below I agree to comply with the Terms and Conditions established for the use of NC Quick Pass. I have read, understand and agree to abide by the Terms and Conditions. I agree to be responsible for all Transponder(s) listed on this account. I certify that the information provided on this application is accurate and current. I am at least 18 years of age.

I understand that any outstanding balance for tolls, fees, and penalties due for prior travel as part of any Bill by Mail invoice in the agency's name must be paid prior to establishment of an NC Quick Pass Account.

AUTHORIZED SIGNATURE REQUIRED \_\_\_\_\_ DATE \_\_\_\_\_

Completed applications can be submitted to the NC Quick Pass Customer Service Center using the following methods:

- By Fax** 1-919-388-3279 **By Mail** 200 Sorrell Grove Church Road, Suite A, Morrisville, NC 27560  
**In Person** 9 a.m. - 5 p.m. Monday-Friday, 9 a.m. - 2 p.m. Saturday. Please visit [www.ncquickpass.com](http://www.ncquickpass.com) for customer service center locations.

/// INTERNAL USE ONLY /// N.C. TURNPIKE AUTHORITY  
 AUTHORIZED SIGNATURE APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_