



Rhode Island E-ZPass

P.O. Box 437 | Jamestown, Rhode Island 02835-0437

ADDITIONAL BUSINESS TRANSPONDER REQUEST FORM

Account Number _____

Account Name _____

Contact Name and Phone # _____

Transponder Request

Number of Interior Transponders you are requesting _____ x \$10.00 = \$ _____

Number of Exterior Transponders you are requesting _____ x \$15.00 = \$ _____

TOTAL \$ _____

Additional Vehicle Information

License Plate Number	State of Reg.	Plate Type (On Reg.)	IAG Code

Payment

- Charge Total Cost to the Credit Card Listed on File
- Deduct Total Cost from the Prepaid Toll Balance
- Other

Would you like to

- Pick the transponder (s) up at the E-ZPass Walk in Center after you are contacted
- Have the transponder mailed to the business address (maximum of 5)

Account Holder's Signature

____/____/____
Date