(Please use blue or black ink when completing this application)



INDIVIDUAL APPLICATION

Kansas Turnpike Authority Electronic Toll Collection P.O. Box 780007 Wichita, KS 67278-0007 Fax: (316) 651-0864 in Wichita or (785) 274-3696 in Topeka

www.ksturnpike.com (To avoid duplication, please fax or mail your application, not both)

INDIVIDUAL II	_	S / MISS (CIRCLE ONE)	FIRST	MIDDLE		LAST
ADDDESS.						
ADDRESS:	NUMBER	STREET	Apt#/Lot#	CITY	STATE	ZIP
Drivers License Number	Soc	ial Security Number	Work Phone		Home Phone	
Zinoio Zioonoo itamizoi	555	a. coodiny rambo.	Weiki Heile			
	E-MAIL				Fax Number	
JOINT INFORI	MATION NA / MRS / MISS (CI		MIDE	DLE	LAST	
Drivers License Number	Soc	ial Security Number				
			, Oldsmobile Silhouette (TAG (1-800-873-5824)			
Total number of K-	TAGs requeste	ed				
			gram) Complete sections A led to you will be deducted for			
You are		ablish a K-TAG credit ad	complete section B, sign belo account to cover all toll charge		er tag is added to	the first bill and
A: Method of p		o establish K-TAG I it Card Cash	account: (Circle one) /Check (\$40 minimum or \$	320 per tag for th	nree or more tags	s)
Amount of first prepayment \$			(Make checks payable to Kansas Turnpike Authority).			
Credit card no Expiration date						
B: Method of p	ayment/reple	enishment: (Circle C	One) Credit Card	Cash/Che	eck	
				xpiration date_		
www.ksturnpike	e.com. Acco '3-5824). I un	ount balance, last pa	-line statements are ava ayment, and last trip inf receive a printed, maile	ormation are a	available toll-fro	ee at 1-800-USE-
	No, I do not	want a printed, mai	led statement for \$0.50	each month.		
	Yes, I want t	o receive a PDF file	attached to an e-mail. ((I understand t	that the file size	e may be 300K+)
I have read a	nd agree t	o the information	n on the reverse si	de of this ar	nnlication nr	ior to signing
	•			•	•	
individual Signat	ure				Dat	e
Joint Signature					Dat	· A

K-TAG AGREEMENT

I/We accept responsibility for all tags delivered as a result of this application and agree that all charges made by the use of these tags will be our responsibility. Payment is due by the end of the month following charges. If payment is not received by the end of the month following charges, our tags may be invalidated. I/We agree to be liable for the use of all tags issued to our account until I/we notify the KTA at 1-800-USE KTAG or ktag@ksturnpike.com, of loss, theft, or unauthorized use.

I/We understand that I/we are subject to all state laws and the rules of the KTA as outlined in the User Agreement. I/We agree that I/we will read, and be bound by the terms set forth in the supplemental K-TAG booklet. I/We understand that if I/we do not agree with KTA policies as outlined in the User Agreement, I/we may return our unused K-TAG within 30 days for a refund. The User Agreement will accompany your K-TAG transponder or can be found online at http://ksturnpike.com. I/we understand that my account will be charged \$34.00 per tag if my tag(s) are lost, stolen, or not returned in good condition upon closure of my account or upon request from the KTA.

If I/We have circled a credit card payment option, I/we agree to provide and/or maintain a valid credit card. I/We authorize the KTA to charge our credit card for the amounts necessary to satisfy our obligations under this agreement until you notify us that you wish to stop the recurring billing. In some cases, credit approval will be required for your account to remain open in the absence of a valid credit card.

KTA has the right to investigate the credit of each applicant prior to extension of credit, credit renewal and update of records. Upon request you will be given the name and address of the credit bureau supplying the report. Also, your signature(s) on the application will authorize direct release of credit or banking experience to KTA upon their request from any of the references listed. KTA may also report its credit experience with you to any credit bureau.