

Kansas Turnpike Authority K-TAG ACCOUNT TRANSFER FORM

Name: _____ Social Security Number: _____

Joint Name: _____ Social Security Number: _____

Company Name (if applicable): _____

Address: _____

City/State Zip: _____

K-Tag Account Number: _____ Telephone Number: _____

Please circle: Home Work Cell

_____ **K-TAG I** Please transfer my K-TAG account from K-TAG II, credit/non discount option, to K-TAG I, prepaid discount option. I understand that a positive prepaid account balance must be maintained to qualify for a 10% discount. I further understand I will pay a \$1.00 per month charge for each K-TAG issued that will be deducted from the prepaid account balance.

_____ **K-TAG II** Please transfer my K-TAG account from K-TAG I, prepaid discount option, to K-TAG II, credit/non discount option. I understand that I will no longer receive a 10% discount on tolls incurred. I further understand I will pay an annual fee of \$5.00 for each transponder that I have requested. These fees will be deducted from my existing account balance or will appear on my next statement.

_____ Number of additional tags requested.

Method of Repayment for K-Tag I and K-TAG II: (circle one) Credit/Debit Card Cash/Check

Credit/Debit Card Number: _____ Exp. Date: _____

K-TAG II if paid by cash/check requires following information:

Your Employer	Position	No. of Yrs.	Business Phone
_____	_____	_____	_____
Your Bank (Name and Address)	City	State & Zip	Checking Acct. No.
_____	_____	_____	_____
Joint Customer's Bank if different (Name and Address)	City	State & Zip	Checking Acct. No.
_____	_____	_____	_____
1. Credit References (Name and Address)	City	State & Zip	Account Number
_____	_____	_____	_____
2. Credit References (Name and Address)	City	State & Zip	Account Number
_____	_____	_____	_____
3. Credit References (Name and Address)	City	State & Zip	Account Number
_____	_____	_____	_____

HAVE YOU FILED BANKRUPTCY? YES NO IF YES, YEAR TAKEN

CREDIT INVESTIGATION REPORT

KTA has the right to investigate the credit of each application 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 this application will authorize direct release of credit or banking experience to KTA upon their request from any of the references listed above. KTA may also report its credit experience with you to any credit bureau.

If I have circled the credit card option, I agree to maintain a valid credit card. I authorize the KTA to charge my credit card for the amount necessary to satisfy my obligation under this agreement.

Authorized Signature
Date _____

Authorized Signature

All correspondence or billing inquiries must be directed to:
Kansas Turnpike Authority, ATTN: Controller, PO BOX 780007, Wichita, KS 67278-0007
Telephone (316) 682-4537, ext. 2382 Fax (316) 682-1897 KTAG Customer Service 1-800-USE-KTAG. (873-5824)