

Kansas Turnpike Authority

K-TAG ACCOUNT TRANSFER FORM

K-Tag Account Number: _____

Name: _____ Social Security Number: _____

Joint Name: _____ Social Security Number: _____

Company Name (if applicable): _____

Address : _____ City/State Zip: _____

E-Mail Address: _____

Telephone Number: _____

Please circle: Home Work Cell

_____ **K-TAG Classic**

Please transfer my K-TAG account to K-TAG Classic, Prepaid/Additional 10% Discount Option. I understand that a positive prepaid account balance must be maintained to qualify for the additional 10% discount over and above the average 15% K-TAG 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.

Method of Replenishment: _____ Credit/Debit Card Check

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

_____ **My K-TAG**

Please transfer my K-TAG account to the My K-TAG, Purchase Program Option. I understand that I will receive an average 15% discount for tolls incurred. I further understand I will pay a transfer fee of \$5.00. I understand that I will purchase my K-TAG at the rate of \$25.00 for a first generation tag or \$15.00 for a Sticker tag. This fee will be deducted from my existing account balance or will appear on my next statement. A valid Credit or Debit card is **REQUIRED** on this account.

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

_____ Number of additional K-TAGs requested.

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

Authorized Signature

Date

All correspondence or billing inquiries must be directed to:
Kansas Turnpike Authority, ATTN: KTAG, PO BOX 780007, Wichita, KS 67278-0007
KTAG Customer Service 1-800-USE-KTAG. (873-5824)

Fax (316) 651-0864

E-mail: ktag@kstumpike.com