FasTrak® Customer Service Center
PO Box 26926
San Francisco, CA 94126
www.bayareafastrak.org
1-877-BAY-TOLL (1-877-229-8655)
Fax 1-415-956-1663

Toll Tag Request Form

FasTrak Account Number	
Company	
Name	
Address	
City, State Zip	

Current Number of Internal Toll Tags: ____ **Current** Number of External Toll Tags: _____

1. CALCULATING YOUR PRE-PAID TOLL AMOUNT

I want _____ more internal toll tags.

I want _____ more external toll tags.

# of Toll tags x $25.00=$ _____ (A) credit card
(Required for each additional toll tag)

Or

# of Toll tags x $50.00=$ _____ (A) cash/check
(Required for each additional toll tag)

2. CALCULATING YOUR TOLL TAG DEPOSIT AMOUNT

Cash/Check Accounts: There is a refundable toll tag deposit of $20.00 for each toll tag.
Credit Card Accounts: If the number of toll tag you already have, plus the number you are requesting is **3 or fewer**, no deposit is required. If the total is **4 or more**, a deposit of $20.00 for each toll tag is required.

# of Toll tags x $20=$ _____ (B)
(Refundable deposit)

3. TOTAL PAYMENT REQUIRED

TOTAL PAYMENT $ _____(C)
(Total payment = Lines A + B)

4. VEHICLE INFORMATION

Please list all vehicles.

License Plate	State	Make	Model	Year	Color

5. PAYMENT INFORMATION

Check Accounts: Make check payable to BATA. Mail payment with this form to the above address. *Do not send cash in the mail.*
Credit Card Accounts: Enter card information below and return by fax or mail.

☐Visa ☐Mastercard ☐American Express ☐Discover

Card Number: _____ - _____ - _____ - _____ Exp. Date: ___ / _____
(MM / YYYY)

Name Printed on Card: _____

I understand the FasTrak® License Agreement remains in effect for all toll tags added to my account. If paying by credit card, I authorize the FasTrak Customer Service Center to charge my card for the TOTAL PAYMENT (C) amount above.

Signature: _____ Date: _____