



COMMERCIAL CHARGE ACCOUNT INFORMATION UPDATE REQUEST

The New York State Thruway Authority Commercial Charge Account Program has two components:

- Post-Paid Account for travel on the Thruway, which is administered by the Authority; and
- Pre-Paid Account for travel on the other toll roads offering E-ZPass. Pursuant to contract, the E-ZPass New York Customer Service Center administers Pre-Paid Accounts.

Updates to contact information and address information can be made for either Account by completing this form.

INSTRUCTIONS:

- Section I - Enter company name and your Post-Paid and Pre-Paid Account numbers.
- Section II - Enter only the information to be updated and indicate Account to which these changes apply.
- Section III - Complete and sign this section to authorize updates listed in Section II. Fax completed form to (518) 471-5050 or mail to above address. If you have any questions, please call the Credit and Collections Unit at (518) 471-4204.

Section I. ACCOUNT INFORMATION			
Company Name			
Post-Paid Commercial Charge Account (travel on Thruway only)		Pre-Paid Commercial Charge Account (travel on other toll roads)	
Enter Account No.: _____		Enter Account No.: _____	
Section II. NEW INFORMATION			
A. Contact Name		Phone No.	Fax No.
Please indicate the Account(s) to which the contact name changes apply: (check all that apply)			
<input type="checkbox"/> Post-Paid Commercial Charge Account		<input type="checkbox"/> Pre-Paid Commercial Charge Account	
B. Mailing Address		City	State Zip Code
Please indicate the Account(s) to which the mailing address changes apply: (check all that apply)			
<input type="checkbox"/> Post-Paid Commercial Charge Account		<input type="checkbox"/> Pre-Paid Commercial Charge Account	
C. Shipping Address (Used for mailing all new and replacement E-ZPass Tags. We cannot ship to P.O. Boxes.)		City	State Zip Code
Please indicate the Account(s) to which the shipping address changes apply: (check all that apply)			
<input type="checkbox"/> Post-Paid Commercial Charge Account		<input type="checkbox"/> Pre-Paid Commercial Charge Account	
Section III. AUTHORIZATION			
_____		_____	
Print Name of Authorized Representative		Title of Authorized Representative	
_____		_____	
Signature of Authorized Representative		Date	
For Finance Use Only			
Systems Updated:		By:	Date:
<input type="checkbox"/> CAPS <input type="checkbox"/> Vector			