

Commercial Enrollment Form



I. COMPANY INFORMATION (Please print clearly)

Company Name: _____

Primary Contact: Last Name: _____ First Name: _____

Title: _____ Work Phone: _____

Company Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Secondary Contact: Last Name: _____ First Name: _____

Title: _____ Work Phone: _____

II. ACCOUNT INFORMATION

Statement Delivery Method:

Email (free) Mail (\$1.15 fee) No Statement Delivered (available online)

Preferred PIN: (This number will be used to access your account online)

III. PAYMENT OPTIONS (Please check one)

Calculate Amount Due: Number of Vehicles: _____ X \$30.00 per Vehicle = Amount Due: \$ _____

Credit Card: AutoPay Amount: _____

I authorize TxDOT to bill a credit card for initial payment to my TxTag account and to automatically bill the credit card periodically to replenish my TxTag account in accordance with the TxTag License and Use Agreement.

Credit Card: One-Time Payment Amount: _____

I authorize TxDOT to bill a credit card for initial payment in accordance with the TxTag License and Use Agreement.

VISA **MasterCard** **Discover** **American Express**

A TxTag commercial account representative will call you for payment.

Check: Check Number: _____ Amount: _____

Please make checks payable to TxTag CSC.

IV. VEHICLE INFORMATION: (A tag will be provided for each vehicle listed.)

For six or more vehicles, please submit a spreadsheet with vehicle details along with this application.

License Plate No.	State	Year	Make	Model	Color
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RETURN ENROLLMENT FORM BY MAIL OR FAX

Mail: TxTag CSC, 2420 Ridgpoint Drive, Austin, TX 78754

Fax: 214-210-0492

Office Use Only: Acct. No: _____ Opened by: _____