

For Office use only

Date Received: _____ Account Number: _____
 Date Processed: _____ Processed By: _____



Port of Hood River
 1000 E Port Marina Dr.
 Hood River, OR 97031
 541-386-1645
 www.portofhoodriver.com



Section 1 Business Account Holder Information

Authorized Company Contact	Full Company Name:		
	First Name:	MI:	Last Name:
	Title:		
	<u>Business Address</u>		<u>Mailing Address (if different)</u>
Address:			
City:			
State:			
Zip Code:			
Phone:	Day:	Other:	
Email/Fax	Fax:	Email:	

Section 2 Vehicle Registration Information

Vehicle	License Plate	State	Make/Model	Year	Color	Vehicle Class (See Section 9)	Axles Vary Y/N

- Check here if you wish to list more vehicles on your account. Submit an additional sheet with all additional vehicle information. The first six transponders are no charge; additional transponders are \$15.00 each. (\$27.00 for external mounted transponders)
- Check here if you have tinted windshield. (You may need an external mounted transponder)

Section 3 Payment Options

Please Circle One Option	Prepaid	Post Paid	Prepaid/Postpaid Combination
	For Prepaid Plans ONLY	For Postpaid Plans	For Combination Plans
	Complete sections 4-8	ONLY Complete Sections 3-4 & 7-8 & Credit application	Complete all sections & Credit Application

Section 4 Initial Payment

Additional Tags (first 6 are no charge)	Qty X \$15.00 (\$27.00)	\$
Prepaid Balance (enter \$0.00 for postpaid)	Estimated 1 month usage	\$
Payment Enclosed	Check #	\$
Bill Credit Card	See Page 3	

Section 5 Account Statement Options

Delivery Frequency: None Monthly Quarterly Email
 Delivery Method: Mail
 Please circle one

Section 6 Balance Replenishment Options

Yes: _____	Automatic Replenishment Option I elect to participate in the Automatic Replenishment Program and understand that when my Prepaid Plan balance drops below 25% of the Minimum Prepaid Balance listed above, the Port of Hood River will automatically charge my credit card in the amount listed below. I have provided on the necessary information on the credit card information sheet.
Replenishment Amount	The amount is equal to the one month toll amount in Section 4. \$ _____
No: _____	Manual Replenishment Option I elect not to participate in the Automatic Replenishment Program and understand that I must provide payment as needed to prevent my account from dropping below the required minimum balance.

Section 7 Other Company Contacts

	Account Payable	Other
Contact Name/ Title:		
Address:		
Address:		
City/State/Zip:		
Phone/Fax:		
Email:		

Section 8 Authorized Signature

By signing below, you indicate that you have read and understand the terms and conditions that govern the Port of Hood River BreezeBy account and you agree to abide by these conditions. Also by signing below, you are authorizing the Port of Hood River or its representatives to deduct tolls and fees from your account. You also agree to have replenishments made by us as you have indicated (Automatic Replenishment) unless you contact us in writing. If you are making manual payments, your payments must reach us within enough time to replenish your BreezeBy Prepaid Plan balance before it is overdrawn. This application along with the terms and conditions constitute the Port of Hood River BreezeBy Business Account Agreement.

Account Holder: _____ Date: _____

Section 9 Vehicle Classification

Class 0	Motorcycle
Class 1	Auto/Van/Pickup (2xles/4 tires)
Class 2	Vehicles with 2 axles/ 6 tires
Class 3	3 axle Trucks
Class 4	4 axle Trucks
Class 5	5 axle Trucks
Class 6	6 axle Trucks
Class 7	7 axle Trucks
Class 8	8 axle Trucks
Class 9	9 axle Trucks