### SECTION C

# Confirmation

I have read, understand, and by signing below, agree to be bound by the SmartLink Program Terms and Conditions, and, if applicable, have enclosed a check or money order for payment of the amount indicated in Section B - Payment.

I understand that all statements made in this application may be subject to investigation and verification and a material misstatement or fraud will disqualify me from using my SmartLink Card. I understand that fees paid by me to PATH are not refundable.

PATH SmartLink Card Applicant Signature Required

Date

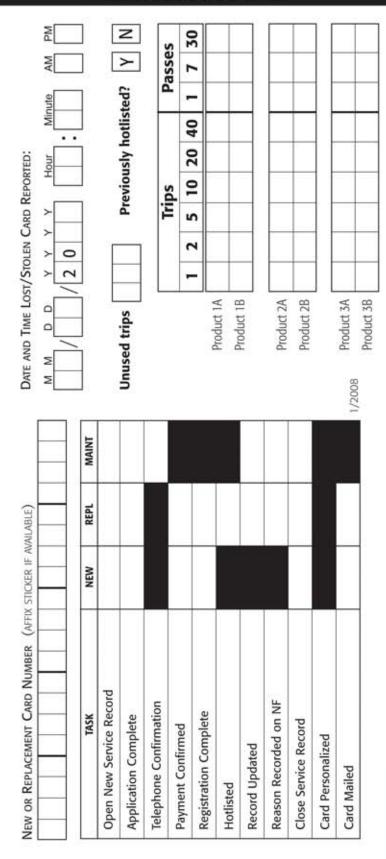
Return completed form, payment (if required), and required enclosures to:

PATH SmartLink Program
Port Authority Trans-Hudson Corporation
P.O. Box 6300
Jersey City, NJ 07306-6300

For additional information, call us at 1-800-234-PATH/7284 from 9 a.m. until 5 p.m., Monday through Friday or visit us at www.pathsmartlinkcard.com. You may also e-mail us at smartlinkservice@panynj.gov.

To review SmartLink Program Terms and Conditions or our Privacy Statement as it relates to the information collected in this application, please visit www.pathsmartlinkcard.com.

## **FOR OFFICE USE ONLY**





# PATH SmartLink Card Application Form

- New Card Purchase
- · Registration
- Information Change
- Card Replacement

www.pathsmartlinkcard.com



### This is a request for (check one): **SECTION A - Information** PLEASE PRINT CLEARLY AND FILL IN ALL APPLICABLE BOXES BELOW. BOLDED ITEMS ARE REQUIRED. ☐ A new SmartLink Card Current SmartLink Card Number (not applicable for new card requests) · A \$5 Card fee and the cost of preloaded trips apply Complete Sections A, B & C ☐ Mr. First Name Last Name ☐ Mrs. ☐ Ms. A new registered SmartLink Card Mailing Address Apartment or Building Number · A \$5 Card fee and the cost of preloaded trips apply Complete Sections A, B & C City State ZIP Code Registration of an existing SmartLink Card Daytime Phone Number Alternate Phone Number Complete Sections A & C E-mail Address Changes to my existing SmartLink Card record Complete Sections A & C Please select one of the following questions for future use for identification purposes by the SmartLink Service Center: What is your favorite color? Where were you born? What is your mother's maiden name? Please record below the answer to the identification question selected. ☐ A replacement for a registered SmartLink Card and replacement of the unused trips on that Card Call 1-800-234-PATH/7284 to report your lost **SECTION B - Payment** or stolen card. A \$5 Card replacement fee applies Card Request Type (Check One): Complete Sections A, B & C Check the replacement reason below: **New Card** Replacement Card Lost or Stolen 5.00 SmartLink Card with Damaged or Not Working 5.00 Replacement Card no preloaded trips (Card must be returned with this form.) Price includes \$5 Card fee 29.00 SmartLink Card with 20 preloaded trips Price includes \$5 Card fee ☐ Check or Money Order (Payable to PATH Corporation) ☐ Credit Card Credit Card Type: Visa MasterCard American Express Discover Credit Card Number: Expiration Date: Month Year I authorize SmartLink to immediately charge my credit card \$29 (if purchasing a 20-Trip SmartLink Card), \$5 (if purchasing a SmartLink Card with no preloaded trips), or \$5 (if purchasing a replacement SmartLink Card).

Cardholder Signature Required

Date