

**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**

DATE AND TIME LOST/STOLEN CARD REPORTED:  
 M M / D D / Y Y Y Y : H H M M AM PM  
 / / 2 0 / /

Unused trips

Previously hotlisted? Y  N

Trips		Passes	
1	2	5	10
20	40	1	7
30			

Product 1A  
Product 1B  
Product 2A  
Product 2B  
Product 3A  
Product 3B



**PATH  
 SmartLink<sup>sm</sup>  
 Card  
 Application Form**

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

TASK	NEW OR REPLACEMENT CARD NUMBER (AFFIX STICKER IF AVAILABLE)				TASK
	NEW	REPL	MAINT		
Open New Service Record					
Application Complete					
Telephone Confirmation					
Payment Confirmed					
Registration Complete					
Hotlisted					
Record Updated					
Reason Recorded on NF					
Close Service Record					
Card Personalized					
Card Mailed					

1/2008

www.pathsmartlinkcard.com

**This is a request for (check one):**

- A new SmartLink Card
  - A \$5 Card fee and the cost of preloaded trips apply
  - Complete Sections A, B & C
  
- A new registered SmartLink Card
  - A \$5 Card fee and the cost of preloaded trips apply
  - Complete Sections A, B & C
  
- Registration of an existing SmartLink Card
  - Complete Sections A & C
  
- Changes to my existing SmartLink Card record
  - Complete Sections A & C
  
- 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 or stolen card.
  - A \$5 Card replacement fee applies
  - Complete Sections A, B & C
  - Check the replacement reason below:
    - \_\_\_ Lost or Stolen
    - \_\_\_ Damaged or Not Working  
(Card must be returned with this form.)

**SECTION A – Information**

PLEASE PRINT CLEARLY AND FILL IN ALL APPLICABLE BOXES BELOW. **BOLDED ITEMS ARE REQUIRED.**

**Current SmartLink Card Number** (not applicable for new card requests)

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<input type="checkbox"/> Mr. <b>First Name</b>	<i>MI</i>	<b>Last Name</b>	<input type="checkbox"/> Jr.	<input type="checkbox"/> Sr.
<input type="checkbox"/> Mrs.				
<input type="checkbox"/> Ms.				

<b>Mailing Address</b>	<b>Apartment or Building Number</b>

<b>City</b>	<b>State</b>	<b>ZIP Code</b>

<b>Daytime Phone Number</b>	<b>Alternate Phone Number</b>

**E-mail Address**

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.

**SECTION B - Payment**

**Card Request Type (Check One):**

<p style="text-align: center;"><b>New Card</b></p> <p><input type="checkbox"/> SmartLink Card with <b>no preloaded trips</b>      \$    <b>5.00</b> Price includes \$5 Card fee</p> <p><input type="checkbox"/> SmartLink Card with <b>20 preloaded trips</b>      \$    <b>29.00</b> Price includes \$5 Card fee</p>	<p style="text-align: center;"><b>Replacement Card</b></p> <p><input type="checkbox"/> Replacement Card      \$    <b>5.00</b></p>
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- 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
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