

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 Service Center
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.

DATE AND TIME LOST/STOLEN CARD REPORTED:

M M / D D / Y Y Y Y Hour : Minute AM PM

/ / : AM PM


Unused trips **Previously hotlisted?** **Y** **N**

		Trips				Passes			
1	2	4	10	20	40	1	7	30	
Product 1A									
Product 1B									
Product 2A									
Product 2B									
Product 3A									
Product 3B									

NEW OR REPLACEMENT CARD NUMBER (AFFIX STICKER IF AVAILABLE)

<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"/>
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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			

 4/2008



PATH SmartLinksm Card Application Form

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

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.)

** Only registered SmartLink Cards are eligible for the replacement of any unused trips and unlimited passes if the card is lost or stolen.*

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

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

City	State	ZIP Code

Daytime Phone Number	<i>Alternate Phone Number</i>

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):

	New Card	Replacement Card	
<input type="checkbox"/> SmartLink Card with no preloaded trips Price includes \$5 Card fee	\$ 5.00	<input type="checkbox"/> Replacement Card	\$ 5.00
<input type="checkbox"/> SmartLink Card with 20 preloaded trips Price includes \$5 Card fee	\$ 31.00		

Please make your check or money order payable to PATH Corporation.