## 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

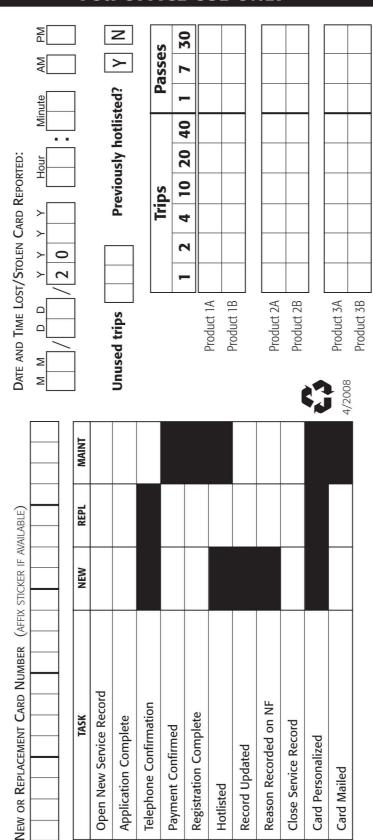
Return completed form, payment (if required), and required enclosures to:

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.

## 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
<ul> <li>A new SmartLink Card</li> <li>A \$5 Card fee and the cost of preloaded trips apply</li> <li>Complete Sections A, B &amp; C</li> </ul>	PLEASE PRINT CLEARLY AND FILL IN ALL APPLICABLE BOXES BELOW. <b>BOLDED ITEMS ARE REQUIRED.</b> Current SmartLink Card Number (not applicable for new card requests)
	□ Mr. First Name  MI Last Name
	Mrs.
<ul> <li>A new registered* SmartLink Card</li> <li>A \$5 Card fee and the cost of preloaded trips apply</li> <li>Complete Sections A, B &amp; C</li> </ul>	Mailing Address  Apartment or Building Number
	City State ZIP Code
<ul> <li>□ Registration* of an existing SmartLink Card</li> <li>• Complete Sections A &amp; C</li> <li>□ Changes to my existing SmartLink Card record</li> <li>• Complete Sections A &amp; C</li> </ul>	
	Daytime Phone Number   Alternate Phone Number
	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?
☐ A replacement for a registered* SmartLink Card	Please record below the answer to the identification question selected.
<ul> <li>and replacement of the unused trips on that Card</li> <li>Call 1-800-234-PATH/7284 to report your lost or stolen card.</li> <li>A \$5 Card replacement fee applies</li> <li>Complete Sections A, B &amp; C</li> <li>Check the replacement reason below:</li> </ul>	SECTION B - Payment
Lost or Stolen	Card Request Type (Check One):
<ul><li>Damaged or Not Working (Card must be returned with this form.)</li></ul>	New Card Replacement Card
* Only registered SmartLink Cards are eligible for the replacement of any unused trips and unlimited passes if the card is lost or stolen.	SmartLink Card with
	SmartLink Card with \$ 31.00 20 preloaded trips Price includes \$5 Card fee

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