

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 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 pathsmartlinkcard.com.

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			

DATE AND TIME LOST/STOLEN CARD REPORTED:

M M / D D / Y Y Y Y : H H A M P M

Unused trips

Y N

Previously hotlisted?

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

Printed on paper containing 30% post-consumer content. 10/2012



PATH SmartLinksm Card

Application Form

- New Card Purchase (NOT FOR PURCHASE OF SMARTLINK GRAY)
- Registration
- Information Change
- Card Replacement

pathsmartlinkcard.com



THE PORT AUTHORITY OF NY & NJ

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.)

NOTE FOR CREDIT OR DEBIT CARD USERS

If you wish to purchase a PATH SmartLink Card with a credit or debit card, please visit our Web site at pathsmartlinkcard.com.

Check and money order are the only accepted forms of payment for mail-in orders.

** 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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Mr. **First Name** MI **Last Name** Jr. Sr.

Mrs. Ms.

Mailing Address *Apartment or Building Number*

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City **State** **ZIP Code**

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Daytime Phone Number *Alternate Phone Number*

	-		-		-	
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E-mail Address

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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.

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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	<input type="checkbox"/> Replacement Card
\$ 5.00	\$ 5.00
<input type="checkbox"/> SmartLink Card with 20 preloaded trips Price includes \$5 Card fee	
\$ 43.00	

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

Proceed to **SECTION C** →