



Fax This Side To: 1-866-877-0200

Driver ID# (if Applicable) #: \_\_\_\_\_

For Internal Use Only
Sales Rep: Harold Butterfield
Account No:
Price Plan:
# of Trucks enrolled:
Change of Credentials USDOT: 989647

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-800-PREPASS (1-800-773-7277) OR VISIT OUR WEBSITE AT WWW.PREPASS.COM

Application and License Agreement

PLEASE SEND A PREPASS TRANSPONDER ALREADY HAVE TRANSPONDER(S)

Step 1: Driver Information

(Please print all information clearly)

Device Number # \_\_\_\_\_

Driver/Company Name: Doing Business as (DBA Name): Rocket Expedited Services, LLC

Billing Information

Contact Name, Title, Address, City, State, Zip Code, Email Address, Telephone Number, Cell Number, Fax Number

Shipping Information (Physical Address for Delivery of PrePass Transponder)

Contact Name, Title, Address, City, State, Zip Code, Email Address, Telephone Number, Cell Number, Fax Number

Step 2: Payment Option

Direct Monthly Billing NO CREDIT CARD REQUIRED (Invoice is Mailed to the Address Provided Above)
Or to set-up an automatic payment using your credit card, call: 1-800-PrePass, dial 5 for billing, after you receive your transponder.

Step 3: Signatures (Must be Completed)

AUTHORIZATION

I certify that I am authorized to bind the company or corporation in whose name this application is made. I have read and reviewed the information on all pages of this Application and the License Agreement. By signing below, I indicate my acceptance and consent to the terms and conditions of this Application and the License Agreement printed with the application.

Owner Operator Name

Signature: X Print Name and Title: Date:

Heavy Vehicle Electronic License Plate, Inc.

Signature: Internal Title: Use Date: Only

\*\* You Must Attach a Copy of Your IFTA & Cab Card \*\*

How Did You Hear About PrePass?

- Billboards Magazine Ad Newspaper Sales Rep Truck Stop Ads
Direct Mail Magazine Article Radio Trade Show Trucking Association
Other Rocket Expedited Services Referral, LLC