### **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

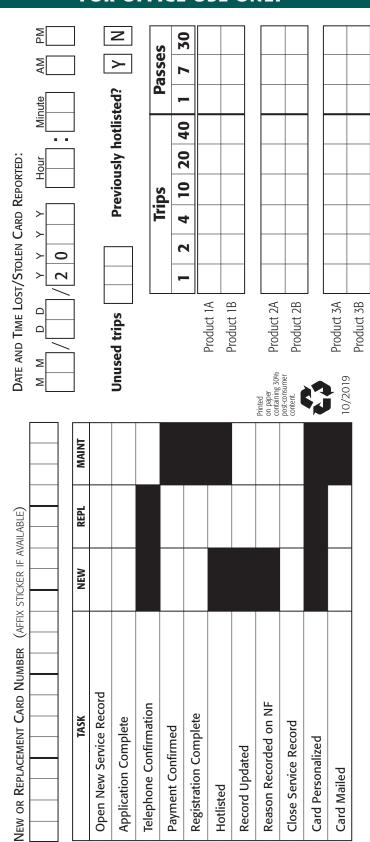
Return completed form, payment (if required), and required enclosures to:

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.

## FOR OFFICE USE ONLY





# PATH SmartLink Card

# **Application Form**

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

pathsmartlinkcard.com



This is a request for (check one):	9
<ul> <li>A new SmartLink Card</li> <li>A \$5 Card fee and the cost of preloaded trips approximate to the cost of the cost</li></ul>	
<ul> <li>A new registered* SmartLink Card</li> <li>A \$5 Card fee and the cost of preloaded trips approximately Complete Sections A, B &amp; C</li> </ul>	□ M □ M Mail oply City
<ul><li>☐ Registration* of an existing SmartLink Card</li><li>Complete Sections A &amp; C</li></ul>	Day
☐ Changes to my existing SmartLink Card record  • Complete Sections A & C	E-ma Pleas identi
<ul> <li>A replacement for a registered* SmartLink Card 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> </ul>	Pleas
<ul><li>Complete Sections A, B &amp; C</li><li>Check the replacement reason below:</li></ul>	SE
Lost or Stolen Damaged or Not Working (Card must be returned with this form.)	(
NOTE FOR CREDIT OR DEDIT CARD LICERC	
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.	<u>—</u> Р

## **SECTION A – Information**

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

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