



TxTag Enrollment Form

I. CUSTOMER INFORMATION (Please print clearly)

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Work Phone: _____ Home Phone: _____ Fax: _____

Email Address: _____

Preferred PIN: (This number will be used to access your account online)

Statement Delivery Method: (Please check one)

Email (free) Mail (\$1.15 fee) No Statement Delivered (available online)

II. PAYMENT OPTIONS (Please check one)

Credit Card: AutoPay Amount: _____

I authorize TxDOT to bill a credit card for initial payment to my TxTag account and to automatically bill the credit card periodically to replenish my TxTag account in accordance with the TxTag License and Use Agreement.

Credit Card: One-Time Payment Amount: _____

I authorize TxDOT to bill a credit card for initial payment in accordance with the TxTag License and Use Agreement.

VISA **MasterCard** **Discover** **American Express**

Cardholder's Name: _____

Credit Card Number: _____ Expiration Date: _____

Cardholder's Signature: _____ Date: _____

Check: Check Number: _____ Amount: _____

Please make checks payable to TxTag CSC.

Cash: Amount: _____

To make a cash payment, visit a TxTag Customer Service Center. Locations posted at TxTag.org. **Do not mail cash.**

III. VEHICLE INFORMATION (A tag will be provided for each vehicle listed)

License Plate No.	State	Year	Make	Model	Color
<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"/>	<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"/>

RETURN ENROLLMENT FORM BY MAIL OR FAX

Mail: TxTag CSC, 2420 Ridgpoint Drive, Austin, TX 78754

Fax: 214-210-0492

Office Use Only: Acct. No: _____ Opened by: _____