

BUSINESS ACCOUNT – REFUND REQUEST FORM PO Box 3858 Portland Maine 04104 Phone: 888-682-7277 Fax: 207-482-8800

Date:	//
Account #:	
Account Name:	
Mailing Address:	
Reason for refund request:	
Close Entire Account	
Close Prepaid Plan	
Close Postpaid Plan	
Please check all appropriate typ	es of refunds you are requesting:
Tag purchase	(Tag purchase refunds are restricted to within 90 days of tag issue date)
Sales Tax	(5.5% applied to tag purchase if applicable)
Prepaid Account Balance:	: Amount \$ or Remaining Balance
Other (Please explain)	
Signature of authorized contact	:(REQUIRED)
Your signature is required and ack the Maine Turnpike Authority.	nowledges that you have read and understand that this request is subject to the review of
5	equired to have refunds issued to that same credit card. Refunds may not be issued to r the original payment. If this is not possible, the refund will be issued via check.
All refunds must be requested in w	riting. Refunds will be issued within thirty (30) days of approval of the request.
	ere toll transactions incurred if any of your E-ZPass tag(s) on a participating E-ZPass E-ZPass account with the Maine Turnpike Authority.