

**For Office use only**

Account Number: \_\_\_\_\_ Processed By/Date: \_\_\_\_\_



**Port of Hood River**  
 1000 E Port Marina Dr.  
 Hood River, OR 97031  
 541-386-1645  
 portofhoodriver.com



**Circle One: Business / Personal**

Contact Info.	<b>If Business</b> provide Company Name:		
	First Name(s):	MI:	Last Name:
	Business Title if needed:		
Mailing Address	Physical Address:		
City	State & Zip Code:		
Phone	FAX:		
Email*	Cell:		

\* By providing an email address I authorize the Port of Hood River to send account statements (transaction details), notifications on bridge projects (delays, closures, etc.) and other information relevant to my account via email. I understand that my email address and other personal information are never shared with any third party.

**Vehicle Registration Information**

**The first transponder per business/household/address is FREE;** indicate your choice of free one and if extra transponders are needed, what type. Each additional transponder will cost: \$15 decal, \$27 license plate, \$30 movable.

Transponder choice	Make & Model	License Plate	State	Color	Year	Vehicle class (see list below)	Axles vary w/trailer Y/N

Class 0: Motorcycle	Class 3: 3 Axle Trucks	Class 6: 6 Axle Trucks
Class 1: Auto/Van/Pickup (2 axles/4 tires)	Class 4: 4 Axle Trucks	Class 7: 7 Axle Trucks
Class 2: Vehicles with 2 axles/ 6 tires	Class 5: 5 Axle Trucks	Class 8: 8 Axle Trucks

**Circle choice Account Statement Options**

None      Email: Monthly **or** Quarterly      Mail: \$1.00 charge per hard copy paper statement mailed

**Initial choice Balance Replenishment Options**

_____	<p><b>Automatic Replenishment Option</b>                  By selecting the credit card option, I authorize the Port of Hood River to charge my account whenever my prepaid balance drops below the minimum \$10.00.                  Replenishment Amount: \$_____ (minimum of \$20.00 to receive bonus)                  Initial startup payment if different than replenishment amount: \$_____</p>
_____	<p><b>Manual Replenishment Option</b>                  I elect not to participate in the Automatic Replenishment Program and understand that I must provide payment as needed to prevent my account from dropping below (\$10) the minimum balance. I understand that when my balance drops below the minimum amount that I will need to replenish it by contacting the Port of Hood River office.                  Amount on Account: _____</p>

**Other authorized users contact information**

Contact Name	Title:
Address:	City/State/Zip:
Phone/Fax:	Email:

**Authorized Signature**

By signing below, you indicate that you have read and understand the terms and conditions that govern the Port of Hood River BreezeBy account and you agree to abide by these conditions. Also by signing below, you are authorizing the Port of Hood River or its representatives to deduct tolls and fees from your account. You also agree to have replenishments made by us as you have indicated (Automatic Replenishment) unless you contact us. This application along with the Terms and Conditions constitute the Port of Hood River BreezeBy Business Account Agreement.

Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_