

330 Meadowfern Drive
Houston, Texas 77067-3295
281-875-3279

Date: _____

EZ Account #: _____

I _____, give permission for _____ to take
(Account holder) (New account holder)
full responsibility of account _____.
(account number)

I _____ will take full responsibility of account _____.
(New account holder) (account number)

In order to process your request, we must have the following information from the new account holder:

- Drivers license number and state _____
- Address _____

- Phone numbers: Primary _____ Alternate _____
- Vehicle information:
 - License plate number and state _____
 - Make and Model of Vehicle _____
 - Year and Color of Vehicle _____
- Credit card number and expiration date or voided check faxed to (281) 874-0989.
_____ - _____ - _____ / _____
(Credit Card number) (expiration date)

(Signature of EZ Account holder)

(Signature of New Account holder)

Thank you,
EZ TAG Store