

NFBC Prepaid Account Application Form for Commercial Accounts Only

To apply please have this form filled out and signed by an official of your company. Company Name: Company Address: Company Phone Number: (____) ____ Company Fax Number: (_____) _____ Company Contact Person: Contact Person's Email Address: Mailing Address: ____ (if different from above) Contact Person who will be Managing Cards: _____ Contact Person's Email Address: Number of ExpressPass Commercial Cards Required: Contact Person for Financial Issues: Financial Person's Email Address: I, the undersigned, request enrollment into the Niagara Falls Bridge Commission's ExpressPass Commercial Program on behalf of my company, as stated above. **Authorized Signature** Date

Once you have filled out this form, please mail or fax this page to the following:

Niagara Falls Bridge Commission, Charge Accounts In Canada: PO Box 395, Niagara Falls, Ontario L2E 6T8

In USA: 5365 Military Road, Lewiston, NY 14092

Canada Fax: (905) 353-6692 USA Fax: (716) 205-0692