

Application form

Office use

Customers name and address *For company accounts - please advise us of the main contact for the account. (Please complete clearly in block capitals)*

Title Mr/Mrs/Miss/Ms/Other _____ First name _____ Surname _____

Company name if applicable _____

Address 1 _____

Address 2 _____

Town _____ County _____ Postcode _____

Email address _____

Mobile Tel No. _____ Daytime Tel No. _____ Home No. _____

Tamar TAGs required for your account

Tags are provided free of charge. There is a monthly account service charge of £0.80 which will be deducted from account credit at the end of the month.

Classification		No. of TAGs	Minimum credit level each	Total
Class 2 (car, light van)	First TAG		£30.00	
	Additional TAG(s)		£20.00	
Class 3 (2 axle, above 3.5T)	First TAG		£75.00	
	Additional TAG(s)		£20.00	
Class 4 (3 axle vehicles)	First TAG		£120.00	
	Additional TAG(s)		£20.00	
Class 5 (4 or more axle vehicles)	First TAG		£165.00	
	Additional TAG(s)		£20.00	
Total remittance due with your application				

Vehicle details *The TAG unit remains the property of TB and TF Joint Committee and must be returned if the account is longer required. Fees apply if the unit is not returned. Please complete fully for each vehicle. (Continue on another sheet if necessary)*

	Class (see above)	Manufacturer	Model	Colour	Registration	Office use
1						
2						
3						
4						

For office use only

Account No.

Name:

Date:

Please return completed form to:
TamarTAG Customer Service
Pemros Road
St Budeaux
Plymouth
PL5 1LP



Additional information/options

Please ✓ as appropriate

Would you prefer to receive your monthly statement?

By email By post*

Email address: _____

Both* No statement required

**There is a small monthly charge of 75p for posted statements*

You **MUST** supply an email address if you prefer electronic statements

After the initial payment, top-ups can be made by cash at our offices (not booths or ferries), by telephone using a credit/debit card, via the internet or through regular direct debit payments.

Please ✓ as appropriate

I wish to make a regular payment of £ _____ by Direct Debit*

*(Minimum £10 monthly per car)

(please complete attached mandate)

Please take my Direct Debit on: / 1st / 15th / of month (Delete as appropriate)

or I will be responsible for topping up my account by one of the

other methods. (See payment methods and the associated notes)

Important Data Protection Information

The Tamar Bridge and Torpoint Ferry Joint Committee is an undertaking jointly owned by Plymouth City Council and Cornwall County Council. We and the owning authorities will use your personal details and information we obtain from other sources for customer services and administration, for marketing and to analyse your use of our facilities. We may keep your information for a reasonable period for these purposes. In addition to essential communication regarding your Tamar Tag, we or the owning authorities may contact you by mail, telephone, email or there electronic messaging services with information about our two facilities or other related information that may be of interest to you. By providing us with your telephone number or email address you consent to being contacted by these methods.

If you do **NOT** wish to receive information by these methods, except for information related specifically to your Tamar Tag Account please tick this box

The Joint Committee may allow selected third parties to include information about their services or products to accompany communications with you about Joint Committee services. No personal information will be disclosed to such third parties.

If you **DO** wish to receive information from third parties included with posted or electronic Tamar Tag communications

I authorise the following people to discuss or amend my account:

Name	Signature	Name	Signature
_____	_____	_____	_____

I have read, understood and agree to comply with the Terms and Conditions of Use.

Signature _____ Date _____

I wish to settle the initial payment by:

Cash (cash must NOT be sent via post) Cheque * Credit/Debit Card *Payable to Tamar Bridge

Payment by Credit/Debit card

Card Type: Switch Connect Visa Electron Solo Maestro Mastercard American Express

Amount to be debited (must match initial payment amount on page 1) £ _____

Name on Card _____

Card Number

Valid from _____ To _____ Issue Number _____

Signature _____ Date _____