Application form

Office use

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

1 Your details								
Title Mr Mrs Mi	ss 🗌 Ms 🗀	Other						
First name	Surname							
Company name (Busine	ess Accounts	s only)						
Address								
Town/City		County		Р	Postcode			
Email			Mobile Tel	No				
Daytime Tel No		Home Tel No						
2 TamarTAGs requi	red for yo	ur account						
Classification	No. of TAGs	Minimum credit lev	vel (First TAG)	Total		A		
Class 2 (car, light van)		£30					nly account rently 80p)	
Class 3 (2 axle, above 3.5T)		£75				is auton	natically	
Class 4 (3 axle vehicle)		£120				applied.	Any fee	
Class 5 (4 or more axles)		£165				deducte		
Additional TAG(s) if require	ed	at £20 each		Total		subsequ	uent top ups.	
The TAG unit remains the property of the authors are the second of the s				is not returne	ed or is lo	ost.		
3 Vehicle details Ple	ase comple	te fully for each	vehicle. Con	tinue on an	other s	sheet if r	necessary	
Class (See sec 2) Registra	ation	Manufacturer	Model		Colour		Office use	



2

3 4

1 I will be responsible for topping up my ac	count after the initial credit has been used, or
2 I wish to make a regular payment of £ (Currently £10 minimum per month)	by Direct Debit and enclose a completed DD mandate
Please take my Direct Debit payment on 1st	t or 15th of the month (please tick one box only)
5 Important Data Protection Infor	mation
Communicating key information about our	service including traffic works, service delays and future plar
· · · · · · · · · · · · · · · · · · ·	ttee will under the terms of your contract with ourselves for the TamarTa your use of the service, for customer service administration, to inform ir use of our facilities.
	ttee may wish to contact you by mail, telephone, email of other electror ur facilities and services which may be of interest to you. Please indica
I wish to receive information about your facilitie	s and services other than information relating specifically to my TamarTa
6 Terms and conditions Please rea	ad full terms and conditions and Key Facts sheet attached
Name I authorise the following people to discuss	Signature or amend my account:
Name	
	Signature
	Signature
I wish to settle the initial payment by:	Signature
Cash (cash must NOT be sent via post)	Cheque* Credit/Debit Card *Cheque payable to Tamar Bridge
I wish to settle the initial payment by: Cash (cash must NOT be sent via post) Amount to be debited (must match initial payment Name on card Card Number	Cheque* Credit/Debit Card *Cheque payable to Tamar Bridge