



LeeWay Service Center
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Fort Myers, Florida 33907

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LeeWay Auto Replenishment Form

Name: _____ Account Number (if known): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Address: _____

City: _____ State/ Province: _____ Zip: _____

Credit Card Information

Credit Card Type: Visa MasterCard Discover American Express

Card Holder Name: _____

Billing Address (if different from above mailing address):

Address: _____

City: _____ State/ Province: _____ Zip: _____

Card Number: _____ Expiration Date _____

Recommended Replenishment Amounts:

1 Transponder = \$30

2 Transponders = \$50

3 Transponders = \$70

4 Transponders = \$90

Desired Replenishment Amount: \$ _____

- I would like to establish automatic replenishment on my prepaid account using the credit card listed above. Whenever my prepaid account balance drops below \$10, LeeWay is authorized to automatically charge my credit card \$30 or the desired amount indicated above.

Signature: _____

Date: _____