CREDIT CARD PAYMENT ONLY

Fax # (410) 454-7972 Monday - Friday 8.00 am thru 4.00 pm

MTA Transit Store
6 St. Paul Street, 1st Floor
Baltimore, MD 21202

This form is for split payments only. Please mail completed order form to the above address. Orders must be received no later than the 25th of each month, or by the 22nd if a holiday falls within the last 7 days of the month. Otherwise, they will be processed for the following month. MTA is not responsible for lost, damaged, or stolen passes. Passes will not be refunded or replaced.

Name:_____
(First) (Middle Initial) (Last)

Address:_____

City/State/Zip:_____

Home Phone:_____Work Phone:_____ E-Mail:_____

TICKET TYPE	QUANTITY		PRICE		AMOUNT
Monthly Pass (Full Fare)	_____	X	$ 64.00	=	_____
Monthly Pass (Senior/Disabled)	_____	X	$ 16.50	=	_____
Express Bus	_____	X	$ 80.00	=	_____
Commuter Bus Z-1	_____	X	$ 93.50	=	_____
Commuter Bus Z-2	_____	X	$ 119.00	=	_____
Commuter Bus Z-3	_____	X	$ 144.50	=	_____
Commuter Bus Z-4	_____	X	$ 170.00	=	_____
Commuter Bus Z-5	_____	X	$ 195.50	=	_____
Commuter Bus Z-6	_____	X	$ 221.00	=	_____
Mobility Ticket Book (20)	_____	X	$ 37.00	=	_____
Commuter Bus 10-Trip (See pg. 2)	_____	X	_____	=	_____
Transit Link Cards (TLC) Include Monthly Commuter Bus Pass and Metrorail Privileges					
Commuter Bus Transit Link Card Z-1	_____	X	$ 190.50	=	_____
Commuter Bus Transit Link Card Z-2	_____	X	$ 216.00	=	_____
Commuter Bus Transit Link Card Z-3	_____	X	$ 241.50	=	_____
Commuter Bus Transit Link Card Z-4	_____	X	$ 267.00	=	_____
Commuter Bus Transit Link Card Z-5	_____	X	$ 292.00	=	_____
Commuter Bus Transit Link Card Z-6	_____	X	$ 318.00	=	_____

SUB-TOTAL	=	_____
Less **Transerve Visa** Amount	=	_____
Add $5.54 for Certified Mail Delivery (Optional)	=	_____
Add $20.00 for 2 day Federal Express	=	_____
TOTAL BALANCE DUE		_____

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Purchase Information:

Major Credit Card *(Circle One)* **VISA** **MASTERCARD** **AMEX** **DISCOVER** **(TRANSERVE VISA)**

1.) Transerve Visa Card

Name on Credit Card:_____***(Please Print)***

Account Number:_____ **Expiration Date:**_____

2.) Additional Card

Name on Credit Card:_____***(Please Print)***

Account Number:_____ **Expiration Date:**_____

Signature:_____ **Date:**_____

Commuter Bus Ten – Trip Ticket Order Form

Please transfer the number of tickets and cost to page 1 of the order form.

TICKET TYPE	QUANTITY		PRICE		AMOUNT
Zone 1 Regular	_____	X	$ 24.75	=	_____
Senior/Disabled	_____	X	$ 17.00	=	_____
Zone 2 Regular	_____	X	$ 31.50	=	_____
Senior/Disabled	_____	X	$ 24.50	=	_____
Zone 3 Regular	_____	X	$ 38.25	=	_____
Senior/Disabled	_____	X	$ 32.00	=	_____
Zone 4 Regular	_____	X	$ 45.00	=	_____
Senior/Disabled	_____	X	$ 39.50	=	_____
Zone 5 Regular (20)	_____	X	$ 51.75	=	_____
Senior/Disabled	_____	X	$ 47.00	=	_____
Zone 6 Regular	_____	X	$ 58.50	=	_____
Senior/Disabled	_____	X	$ 54.50	=	_____