



MARYLAND TRANSIT ADMINISTRATION

Transit Store
6 St. Paul Street, 1st Floor
Baltimore MD 21202
410-767-3439

COMMUTER BUS TRANSIT LINK CARD (TLC) ORDER FORM

Mail this Pass Order form to the above address. Pass orders must be received in the MTA Transit Store no later than the **25th**. **(Exceptions are December 17 for January 2011 and February 21 for March 2011 passes. Orders received after these dates will be processed for the following month.** The MTA is not responsible for fare media lost via the U.S. Postal Service (USPS). When ordering Monthly Passes & Commuter Bus Transit Link Cards, please consider selecting the Certified Mail with Return Receipt option from the USPS for more secure delivery. USPS Certified Mail requires signature confirmation for delivery. Lost, damaged or stolen Monthly Passes & Transit Link Cards will not be refunded or replaced.

PLEASE PRINT

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

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

TICKET TYPE QUANTITY PRICE AMOUNT DUE

TRANSIT LINK CARD (includes Monthly Commuter Bus Pass and TLC Card privileges)

Commuter Bus (Zone 1)	_____ x	\$190.50	=	\$ _____
Commuter Bus (Zone 2)	_____ x	\$216.00	=	\$ _____
Commuter Bus (Zone 3)	_____ x	\$241.50	=	\$ _____
Commuter Bus (Zone 4)	_____ x	\$267.00	=	\$ _____
Commuter Bus (Zone 5)	_____ x	\$292.50	=	\$ _____
Commuter Bus (Zone 6)	_____ x	\$318.00	=	\$ _____

SUB-TOTAL COST OF CARDS \$ _____

Less Commuter Choice Maryland Vouchers Enclosed (\$ _____)

Less SmartBenefits Vouchers Enclosed (\$ _____)

Add **\$5.54** for Certified Mail w/ RR Delivery (Optional) +\$ _____

TOTAL BALANCE DUE \$ _____

Purchase Information

Check No: _____ Date: _____ Amount: \$ _____

Major Credit Card: **VISA** **MASTER CARD** **AMEX** **DISCOVER** (circle one)

Name on Credit Card: _____ (print)

Account No. _____ Exp. Date: _____

Signature: _____ Date: _____