



TRANSERVE VISA CARD SPLIT PAYMENT ONLY

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

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

This form is for split payments only. Please FAX completed order form to the above number. 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	=
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	\$ 292.50	=

SUB-TOTAL = _____
 Less **Transerve Visa** Amount = _____
 Add \$5.75 for Certified Mail Delivery (Optional) = _____
 Add \$20.00 for 2 day Federal Express = _____
TOTAL BALANCE DUE = _____

Purchase Information:

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

1.) Transerve Visa Card

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

Account Number: _____ Expiration Date: _____

2.) Additional Card

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

Account Number: _____ Expiration Date: _____

Signature: _____ Date: _____



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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 =	_____
	_____		_____
	_____		_____