

TriMet Pass-by-Mail Month-to-Month Option

First Name _____ Middle Initial _____ Last Name _____

Address/Apt. # _____ Daytime Phone _____

City _____ State _____ Zip _____

Please specify the type and quantity of pass(es) you want to receive each month for a year. Each month, you will get your pass for next month and an invoice for the following month's pass. We need to receive your invoice and payment by the 10th of next month to ship your pass on time.

Type of Pass	Quantity	Price (each)	Total
All-Zone	_____	x \$ 86.00	= \$ _____
2-Zone (Zones 1 & 2)	_____	x \$ 75.00	= \$ _____
2-Zone (Zones 2 & 3)	_____	x \$ 75.00	= \$ _____
Honored Citizen*	_____	x \$ 25.00	= \$ _____
Youth/Student**	_____	x \$ 26.00	= \$ _____
LIFT (no S&H charge)	_____	x \$ 50.00	= \$ _____
	Shipping & Handling	+ \$ 1.50	= \$ _____
Total Amount Due			= \$ _____

* Age 65+ or Medicare or TriMet Honored Citizen (with ID); ** Age 7-17 and students pursuing a GED (with ID)

Specify the month for which you want to receive your first pass: _____

Please note: If you want to start receiving passes next month, we need to receive this form with your payment by the 10th of this month.

Method of Payment

<p><input type="checkbox"/> Check or money order Please enclose a check or money order (payable to "TriMet") for the Total Amount Due, including the \$1.50 shipping and handling fee. This is payment for your first month's order. You'll receive an invoice in the mail along with your first month's pass(es). You must return the invoice with your payment by the 10th of each month to receive the next month's pass(es).</p>	<p><input type="checkbox"/> Debit/credit card I want to receive monthly delivery of the passes indicated above, and I authorize my debit/credit card to be charged for the Total Amount Due, including the \$1.50 shipping and handling fee, each month. I understand that I can cancel or change my order or billing options at any time.</p> <p>Name on card _____ Visa® _____ Mastercard® _____ Discover Card® _____ Expiration date _____ Signature _____</p>
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Mail this form (along with your payment if paying by check or money order) to:

Pass-by-Mail
 TriMet Customer Service
 710 NE Holladay St.
 Portland, OR 97232-2168

Or, you can fax it to us at 503-962-2480 if you're paying with your credit/debit card.

Please do not send cash.