



Prepaid Fares—Mail Order Form

Item	Type	Price	Quantity	Total Cost
31-Day Pass	Senior/Disabled	\$30.60	_____	_____
31-Day Pass	Local	\$63.00	_____	_____
31-Day Pass	Express Zone 2	\$108.80	_____	_____
31-Day Pass	Express Zone 3	\$139.40	_____	_____
31-Day Pass	Express Zone 4	\$170.00	_____	_____
31-Day Pass	Express Zone 5	\$204.00	_____	_____
Two (2)-Hour Pass	Local Sold in package of five (5)	\$8.75	_____	_____
1-Day Pass	Local	\$3.50	_____	_____
3-Day Pass	Local	\$8.75	_____	_____
5-Day Pass	Local	\$14.00	_____	_____
7-Day Pass	Local	\$19.25	_____	_____
10-Ride Ticket	Senior/Disabled	\$7.65	_____	_____
10-Ride Ticket	Youth	\$12.60	_____	_____
10-Ride Ticket	Local	\$15.75	_____	_____
10-Ride Ticket	Express Zone 2	\$28.80	_____	_____
10-Ride Ticket	Express Zone 3	\$36.90	_____	_____
10-Ride Ticket	Express Zone 4	\$45.00	_____	_____
10-Ride Ticket	Express Zone 5	\$54.00	_____	_____
10-Ride Ticket Book	ADA Paratransit	\$28.00	_____	_____
Other (describe): _____		\$ _____	_____	_____

Total Order \$ _____

Instructions:

- Please print clearly. Return **all** copies of this form in the envelope provided.
- Print your complete mailing address, including apartment number, if applicable.
- Enclose check or money order payable to CT**transit**, or use Visa, MasterCard, or Discover card. **Do not send cash.**
- Do not send your Medicare or reduced fare ID card when purchasing a Senior/Disabled 10-Ride Ticket or 31-Day Pass.

Note:

- When using the Senior/Disabled Ticket or Pass, please present your Medicare card or state-issued reduced fare photo ID card.
- Proof of age may be requested by bus operator from individuals using Youth Fare Ticket.
- Please allow 5-7 business days from receipt of order for delivery by first-class mail of tickets or passes ordered by mail. CT**transit** is not responsible for late delivery or for cash sent through the mail.
- Tickets and passes also available for purchase at www.cttransit.com

Payment Type: Check (no starter checks accepted) or Money Order Credit Card Visa MasterCard Discover

Card #: CV2 #: (From the back of the card)

Expiration Date: ____ / ____ Signature: _____

SHIP TO

Name: _____

Address: _____

City, ST, Zip: _____

Phone #: _____

(Required for all orders)

Contact Name: _____

(Required for Conservator orders)

Check box if this is a change of address