

# TriMet Tickets and Passes Order Form

To order TriMet tickets or passes, fill out the form below with the quantity of each pass you want to order, then calculate the Total Amount Due. If you are ordering Monthly Passes, specify the month(s) for which you want each pass. Example: if you are ordering three Monthly Passes, indicate whether you want all three passes for the same month, or one pass each month for three months. Additional shipping and handling fees apply if ordering consecutive month passes.

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_  
 Address/apt. # \_\_\_\_\_ Daytime phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Fare	10-Ticket Book	Passes	Specify Month(s)	Total
All-Zone	____ x \$ 23	+ ____ x \$86		= \$ _____
2-Zone (Zones 1 & 2)	____ x \$ 20	+ ____ x \$75		= \$ _____
2-Zone (Zones 2 & 3)	____ x \$ 20	+ ____ x \$75		= \$ _____
1-Zone	____ x \$ 19.50			= \$ _____
Honored Citizen*	____ x \$ 9.50	+ ____ x \$25		= \$ _____
Youth/Student**	____ x \$ 15	+ ____ x \$26		= \$ _____
LIFT	____ x \$ 18	+ ____ x \$50		= \$ _____
LIFT 20-Trip Punch Card		+ ____ x \$36		= \$ _____

If ordering passes for multiple months, include \$1.50 shipping and handling for each month. Number of months = \_\_\_\_ months

**Shipping and handling + \$1.50 ea. shipment** + \$ \_\_\_\_\_

**Total amount due** = \$ \_\_\_\_\_

\* Age 65+ or Medicare or TriMet Honored Citizen (with ID)

\*\* Age 7-17 and students pursuing a GED (with ID).

\*\*\* No shipping and handling charges apply to LIFT.

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

## Method of Payment

<input type="checkbox"/> <b>Check or money order</b> Please enclose a check or money order payable to <b>TriMet</b> for the Total Amount Due. You will receive your order in the mail.	<input type="checkbox"/> <b>Debit/credit card</b> I authorize my debit/credit card to be charged for the Total Amount Due, including shipping and handling (except for LIFT). I understand that I can cancel or change my order or billing at any time. I agree to pay the charges indicated above according to the Card Issuer Agreement. Debit/credit cards accepted: <input type="checkbox"/> Visa® <input type="checkbox"/> Mastercard® <input type="checkbox"/> Discover Card® <input type="checkbox"/> American Express® Credit/debit card # _____ Expiration date _____ Name as it appears on card _____ Signature _____ Today's date _____
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Mail this form (along with your payment) to: **TriMet Pass-By-Mail**, 710 NE Holladay St., Portland, OR 97232-2168  
 Or, you can fax this form to us at 503-962-2480 if you're paying with a credit/debit card. **Please do not send cash.**