1-Year Pass Order Form

TRIMET

Complete this form if you are mailing or faxing in your payment. Please complete the section below. TriMet will provide you with a registered Hop Fastpass® card loaded with a 1-year pass, or load a 1-year pass on your existing Hop card.

First name _____ Middle initial _____ Last name _____

Address/apt. # _____ Daytime phone _____

City _____ State _____ Zip _____

Email _____ Choose a 4-digit pin _____

Honored Citizens

If you have an Honored Citizen Photo ID card: We already have your photo on file, so you can simply mail this form with your payment to TriMet Pass-By-Mail**,** 701 SW 6th Ave., Street 196, Portland, OR 97204 or fax it (if paying by debit/credit card) to **503-962-2482**. If you have questions, give us a call at **503-962-2424**, option 3.

If you do not already have a TriMet photo ID card: You'll need to have your picture taken at the TriMet Ticket Office at Pioneer Courthouse Square (701 SW 6th Ave., Street 196, Portland, OR 97204) before we can issue your Hop card. The Ticket Office is open Monday–Friday, 8:30 a.m.–5:30 p.m. Submit this form with your payment in person at that time.

If you already have an Honored Citizen Photo ID Hop card: enter the 16-digit card number located on back of card.

Hop card number: _____

Adult/Youth

❑ **I need a Hop card** ❑ **You do not need a Photo ID card**.

If you already have a Hop card: enter the 16-digit number located on back of card. _____

Type of Pass	Date of Birth	Price
❑ Adult 18-64	_____	= $1,100
❑ Honored Citizen 65+/Medicare/disability	_____	= $308
❑ Youth 7-17/high school/GED	_____	= $308
	Total Due = $ _____	

Starting Date

I want my pass to begin with the month of:

_____

*Note: If you want your pass to begin **this month**, we need to receive this form by the **10th of this month**.*

❑ **Check or money order**

Please enclose a check or money order payable to **TriMet** for the Total Amount Due.

❑ **Debit/credit card**

I authorize my debit/credit card to be charged for the Total Amount Due, and agree to pay the charges indicated above according to the Card Issuer Agreement.

❑ Visa® ❑ Mastercard® ❑ Discover® ❑ American Express®

Credit/debit card # _____

Expiration date _____ CVV code _____

Name as it appears on card _____

Signature _____ Today's date _____

OFFICE USE ONLY: Date Received _____ Date Processed _____