



Bus Pass Order Form

2060 McHenry Ave, Escalon, CA 95320

Attn: Transit Coordinator

Tel # (209) 691-7465

Fax # (209) 691-7439

Date: _____

Customer Number: _____

Purchaser: _____

Order placed by: _____

Address : _____

City: _____, State: _____, Zip Code: _____

Phone No.: _____

Ship to: (If different from address on the left)

	Quantity	X	Unit Price	=	Amount
10-RIDE ADULT PASS	_____	X	\$ 14.00	=	_____
10-RIDE STUDENTS PASS	_____	X	\$ 12.00	=	_____
10-RIDE SENIOR/DISABLED PASS	_____	X	\$ 7.00	=	_____
10-RIDE MODESTO PASS	_____	X	\$ 30.00	=	\$0.00
31-DAY ADULT PASS	_____	X	\$ 65.00	=	_____
31-DAY STUDENT PASS	_____	X	\$ 40.00	=	_____
31-DAY SENIOR/DISABLED PASS	_____	X	\$ 30.00	=	_____
31-DAY INTERCITY PASS	_____	X	\$ 75.00	=	\$0.00
TOTAL AMOUNT					<u>\$0.00</u>

Payment Method:

C.O. D.
 Check
 Invoice

PO# (For organization Only) _____

Pick-up Date and Time: _____

 (Buyer/Outlet Representative)