



# Loyalty Reward Program Application Form

**Please provide the following:**

- 10 Consecutive paid monthly passes (originals) or app account information to verify consecutive monthly purchases.
- A copy (front and back) of your 11<sup>th</sup> consecutive monthly pass (must be in consecutive order of the first 10 passes) or app account information for verification.

**Free pass will be the 12<sup>th</sup> consecutive month of the series submitted**

Example: for a free December 2020 pass, you must submit January – October 2020 original passes and a copy of the November 2020 pass.

**The free monthly pass will not be counted when qualifying for future Loyalty Reward Programs.**

**If the monthly passes were purchased on the mobile app, the free pass will be issued to the mobile app, otherwise paper ticket will be mailed.**

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ (Apt#: \_\_\_\_\_) City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Origin Station: \_\_\_\_\_ Destination Station: \_\_\_\_\_ Fare Amount: \_\_\_\_\_

Your mobile app account (if applicable): \_\_\_\_\_

*Email associated with mobile app account*

**For verification purposes, please indicate the month and year, paper or digital ticket for mobile app.**

Month	Year/Fare	Paper or	App	Month	Year/Fare	Paper or	App
<input type="checkbox"/> January	_____	<input type="checkbox"/> Paper	<input type="checkbox"/> App	<input type="checkbox"/> July	_____	<input type="checkbox"/> Paper	<input type="checkbox"/> App
<input type="checkbox"/> February	_____	<input type="checkbox"/> Paper	<input type="checkbox"/> App	<input type="checkbox"/> August	_____	<input type="checkbox"/> Paper	<input type="checkbox"/> App
<input type="checkbox"/> March	_____	<input type="checkbox"/> Paper	<input type="checkbox"/> App	<input type="checkbox"/> September	_____	<input type="checkbox"/> Paper	<input type="checkbox"/> App
<input type="checkbox"/> April	_____	<input type="checkbox"/> Paper	<input type="checkbox"/> App	<input type="checkbox"/> October	_____	<input type="checkbox"/> Paper	<input type="checkbox"/> App
<input type="checkbox"/> May	_____	<input type="checkbox"/> Paper	<input type="checkbox"/> App	<input type="checkbox"/> November	_____	<input type="checkbox"/> Paper	<input type="checkbox"/> App
<input type="checkbox"/> June	_____	<input type="checkbox"/> Paper	<input type="checkbox"/> App	<input type="checkbox"/> December	_____	<input type="checkbox"/> Paper	<input type="checkbox"/> App

**Mail to:**

ACE® (Altamont Corridor Express)  
 ATTN: Ticketing Dept. LRP  
 949 E. Channel St.  
 Stockton, CA 95202-2620

**For Office Use Only**

Processed on: \_\_\_\_\_ By: \_\_\_\_\_

Mailed : \_\_\_\_\_ App: \_\_\_\_\_

Issued Ticket: \_\_\_\_\_

\_\_\_\_\_