



TICKET UPGRADE FORM

PLEASE COMPLETE THIS FORM LEGIBLY WITH CURRENT AND VALID CONTACT INFORMATION TO ENSURE TIMELY PROCESSING

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Origin Station: _____ Destination Station: _____

Ticket Type: One Way Round Trip 20 Trip Fare Amount: _____

Outlet Location: (Where you purchased your ticket) _____

TicketType: _____ Discounted Fare: (please check) _____ Senior ___ Disabled ___ Youth

To Calculate the Value of an Old Ticket:

Fare Price (printed on the ticket) \$ _____

Cost per ride (Fare Price divided by 20) \$ _____

Number of Rides Remaining _____

Available Credit (Number of Rides Remaining x Cost per ride) \$ _____

To Calculate the remaining Balance:

Cost of new ticket: Qty: _____ X \$ _____ Ticket Price \$ _____

Available credit - \$ _____

Payment balance (Cost of new ticket less the available credit) \$ _____

Form of Payment

NO CASH or PERSONAL CHECKS

Commuter Check \$ _____ (back of check must be filled out completely to be accepted)

Credit/Debit Card (Visa or MasterCard only)

Credit Card : _____ Expiration Date: _____ *CVC: _____

Card Holders Name: _____ Billing Address: _____

City: _____ State: _____ Zip Code: _____

REQUIRED Signature of Card Holder: _____ *CVC

Office Use Only: Review on: _____ By: _____ Approved on: _____ By: _____ Processed on: _____ Mailed/Picked up on: _____ Issued ticket: _____ Pickup Location: _____