

# 1. Provide contact information

Change of address

Name

Address

City/State/Zip

Daytime Phone

E-mail

# 2. Select type of fare instrument

## Monthly Passes

**Cost x Quantity = Subtotal**

Adult C-Zone \$56.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Adult All-Zone \$90.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Honored C-Zone\* \$28.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
(Senior/Disabled/Medicare Member)

Honored All-Zone\* \$32.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
(Senior/Disabled/Medicare Member)

Youth C-Zone \$28.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Youth All-Zone \$32.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Reduced C-Zone \$28.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Express All-Zone \$113.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

C-VAN C-Zone\* \$50.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

**Pass for the month of** \_\_\_\_\_

## Day Passes

C-Zone Day Pass \$3.85 x \_\_\_\_\_ = \$ \_\_\_\_\_

Go Anywhere Day Pass \$6.70 x \_\_\_\_\_ = \$ \_\_\_\_\_

## Ticket Books (10 tickets per book)

Adult C-Zone Tickets \$16.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Express Tickets \$33.50 x \_\_\_\_\_ = \$ \_\_\_\_\_

Honored/Youth C-Zone\* \$8.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
(Senior/Disabled/Youth)

**TOTAL COST** \$ \_\_\_\_\_

# 3. Select payment method

\_\_\_\_\_ **Check** (Make payable to **C-TRAN**. Do not send cash.)

\_\_\_\_\_ **Credit Card**  Visa  MasterCard

Card Number

Expiration Date

Name on Card

Security Code

Signature

# 4. Mail form to C-TRAN

## C-TRAN, Pass-By-Mail

P.O. Box 2529

Vancouver, WA 98668-2529