

Order Form

Visit www.chicago-card.com to order Chicago Card Plus®.

Client #: _____ Number of Employees: _____ Order Date: _____

Order Information	Delivery Information
Company	Company
Contact	Contact
Title	Title
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone

Fare Instrument	Value	Quantity	Subtotal	<p>Make check payable to RTA/CTA Transit Benefit Fare Program (Please make a copy of this order form for your records).</p> <p>Mail your check and order form to: RTA/CTA Transit Benefit Fare Program, P.O. Box 75003 Chicago, Illinois 60675-5003</p> <p>A penalty fee of \$300 will be assessed for orders requiring special handling.</p> <p>Orders are processed within 10 business days of receipt.</p> <p>If you have questions regarding this order, please call Customer Service at 1-800-531-2828.</p>
RTA FareCheck	\$			
RTA FareCheck	\$			
RTA FareCheck	\$			
RTA FareCheck	\$			
RTA FareCheck	\$			
RTA FareCheck	\$			
RTA FareCheck	\$			
RTA FareCheck	\$			
RTA FareCheck	\$			
RTA FareCheck	\$			
RTA FareCheck	\$			
CTA Transit Card	\$30.00			
CTA Transit Card	\$35.00			
CTA Transit Card	\$50.00			
CTA Transit Card	\$60.00			
CTA 30-Day Pass	\$75.00			
CTA 30-Day Reduced Fare Pass	\$35.00			

A Subtotal: Total face value of all FareChecks, Transit Cards and Passes	\$
B Processing Fees: Number of FareChecks, Transit Cards and Passes x 50¢	\$
C Chicago Card Monthly Passes and Fees (from Line C on reverse side of this form)	\$
D Shipping & Handling	\$11.00
TOTAL: Lines A through D	

[illegible]