



Measure C
Senior Taxi Scrip Program
ORDER FORM



Date: _____

User ID #: _____ (if you are not an existing user, please leave blank)

Mailing Address: Name: _____
Street Address: _____
City, ST ZIP Code _____
Phone: _____

Ship To: Name: _____
Street Address: _____
City, ST ZIP Code _____
Phone: _____

Program Details:

Each booklet contains 20 \$1.00 coupons. **You may only purchase up to 5 booklets per calendar month.** Each booklet costs \$5.00, which buys you \$20 worth of taxi scrip. That's a 75% discount!

Order Information:

Quantity: Booklets	Value of Scrip	Amount Due	+ Shipping Cost	TOTAL Amount Due	Please Check (1)
1	20	\$ 5.00	\$ 0.58	\$ 5.58	<input type="checkbox"/>
2	40	\$ 10.00	\$ 0.75	\$ 10.75	<input type="checkbox"/>
3	60	\$ 15.00	\$ 0.75	\$ 15.75	<input type="checkbox"/>
4	80	\$ 20.00	\$ 0.75	\$ 20.75	<input type="checkbox"/>
5	100	\$ 25.00	\$ 0.92	\$ 25.92	<input type="checkbox"/>

Total Amount Enclosed (please include postage):

Shipping Method:	Shipping Terms:
U.S. Standard Mail	Taxi Scrip will be mailed within ten (10) business days after your order has been received. Shipping/Handling costs are as follows: 1 Booklet: \$0.58 * 2-4 Booklets: \$0.75 * 5 Booklets: \$0.92

1. Complete the application (if you are enrolling for the 1st time) and attach it to the order form.
2. Complete the order form.
3. Insert order form into an envelope with check or money order for exact amount plus shipping and handling costs, made payable to: **Taxi Scrip Program**. **NO CASH PLEASE!**
4. All checks must show a phone number and a California driver's license number to be considered valid.
5. **Always Include your Original Measure C Taxi Scrip User ID Card when re-ordering taxi scrip via mail (No photocopies will be accepted). The ID Card will be returned to you with your taxi scrip. YOUR ORDER CANNOT BE PROCESSED WITHOUT IT!**
6. Send all correspondence to Fresno COG:
Council of Fresno County Governments
2035 Tulare Street, Suite 201
Fresno, CA 93721

For Fresno COG Representative Only:

Approved By: _____ Date: _____