



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	\$ 0.61	\$ 5.61	<input type="checkbox"/>
2	40	\$ 10.00	\$ 0.81	\$ 10.81	<input type="checkbox"/>
3	60	\$ 15.00	\$ 0.81	\$ 15.81	<input type="checkbox"/>
4	80	\$ 20.00	\$ 0.81	\$ 20.81	<input type="checkbox"/>
5	100	\$ 25.00	\$ 1.01	\$ 26.01	<input type="checkbox"/>

Total Amount Enclosed (including Shipping Cost): ➔

Shipping Method: U.S. Standard Mail	Shipping Terms: Taxi Scrip will be mailed within ten (10) business days after your order has been received. Shipping/Handling costs are noted above under "+ Shipping Cost"
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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 or Identification Card number to be considered valid.
5. **Always include this order form when re-ordering taxi scrip via mail. YOUR ORDER CANNOT BE PROCESSED WITHOUT IT!**
6. Send all correspondence to Fresno COG:
Fresno Council of Governments
2035 Tulare Street, Suite 201
Fresno, CA 93721

For Fresno COG Representative Only:

Approved By: _____ Date: _____