

SuperSavers by Mail

Just print and fill out this order form and send it to us

1 Fill in the order form, including the quantity and type of SuperSaver you are ordering. **Make sure to write your address at the top of the form AND on the mailing label below. Incomplete forms will be returned to you.**

2 If paying by check, enclose a check or money order inside the envelope. Make checks payable to Metro Transit. Your current address and daytime phone number must be printed on the check. Metro Transit will assess a \$30 handling charge for returned checks, recovered by TeleCheck. No starter checks are accepted.

If paying by credit card, complete the section below, making sure to include the expiration date and sign your name.

If you are ordering a Mobility Pass for the first time, you must include a photocopy of your Metro Transit ID card or Minnesota driver's license/state ID with an endorsement. It will be kept on file for future purchases.

3 Mail to:
Metro Transit Store
US Bank Center
Skyway Level Suite 270
101 E 5th St
St Paul MN 55101-9009

4 Within 10 business days we'll send your SuperSaver and include another order form for your next purchase.

Name _____

Address _____

City _____ State _____ Zip _____

(_____)

Daytime Phone Number _____

Which route(s) do you regularly ride? _____

SuperSaver Options

Indicate quantity of each

Stored Value Cards

	Purchase Price	Value in Rides	Quantity
<input type="checkbox"/>	\$10.00	\$11.00	_____
<input type="checkbox"/>	\$20.00	\$22.00	_____
<input type="checkbox"/>	\$40.00	\$44.00	_____

Day Pass

Unlimited bus rides for 24 hours upon first use

	Quantity
<input type="checkbox"/> \$6.00	_____

Metro Mobility Tickets

10-Ticket Book	Quantity
<input type="checkbox"/> \$30.00	_____
<input type="checkbox"/> \$40.00	_____

Proper ID required for purchase and use of Metro Mobility tickets.

Total \$ _____

06-060-09-08

Please fill out return mailing label:

Name _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Credit card information

- MasterCard VISA
 American Express Discover

CARD # _____ - _____ - _____ - _____

Expiration ____ / ____

Signature _____ Date _____