



TICKET ORDER FORM

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER (OPTIONAL): _____

SHIP TO: (IF DIFFERENT FROM ABOVE)

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

PURCHASE ORDER # (IF APPLICABLE): _____

QUANTITY		PRICE
	20 TICKET PACK @ .50/ea. (VALUE \$10.00)	\$
	10 TICKET PACK @ 1.00/ea. (VALUE \$10.00)	\$
1	HANDLING FEE	\$2.00
TOTAL		\$

FORM OF PAYMENT:

___ COMPANY CHECK

___ MONEY ORDER

___ CREDIT CARD

CREDIT CARD PAYMENTS ONLY ACCEPTED ONLINE: www.gotransit.org

Complete this form and mail to:

Colorado Valley Transit
P O Box 940
Columbus, Texas 78934
(800) 548-1068 or (979) 732-6281
(979) 732-6283 fax
cvt@gotransit.org