

SANTA CLARA UNIVERSITY



HUMAN RESOURCES DEPARTMENT

ACE Ticket Order Form

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Work Location/Building: _____

Address: _____ 500 El Camino Real _____

Department: _____

City: _____ Santa Clara _____ State: _____ CA _____ Zip: _____ 95053 _____

Home/Work Phone: _____ E-mail: _____

Origin Station: _____ Destination Station: _____

Number of Zones: _____ Fare \$: _____

___ Monthly Pass (Calendar Month) ___ 20 Trip ___ Round-trip ___ One-way

Discounted Fare: (please check) ___ Senior ___ Disabled ___ Youth

Special Needs/Limitations ___ wheelchair ___ other: _____

(Your ticket is good for any train)

Which train do you plan to ride on a regular basis? _____

Morning ___ am 01 ___ am 03 ___ am 05 Afternoon ___ pm 02 ___ pm 04 ___ pm 06

Will you bring your bike? ___ yes ___ no ___ occasionally

Will you use ACE shuttle connections? ___ yes ___ no

Do you want automatic monthly pass renewal? ___ yes ___ no

FOR HR USE ONLY: Form of Payment:

\$ _____ Cash

Check Number _____