

**NJ TRANSIT OZONE PASS ORDER FORM**

DATE: \_\_ / \_\_ / \_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

MAILING ADDRESS (no PO boxes permitted):

\_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

MY COMPANY IS AN OZONE ACTION PARTNER.

*Please remember that you **must** be an Ozone Action Partner to qualify for the Ozone Pass Program. You can register online at [www.transportationchoices.com](http://www.transportationchoices.com).*

Send to:  
The OzonePass Program  
NJ TRANSIT  
One Penn Plaza East  
Newark, New Jersey 07105-2246

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**SEND FORM WITH THE LETTER BELOW**

Dear NJ TRANSIT:

Our company wishes to participate in the NJ Transit Ozone Pass Program. Please send me \_\_\_\_\_ passes. Enclosed is a check in the amount of \$\_\_\_\_\_ to fulfill this order. (Each pass is \$2.00 and consists of two one-way tickets).

I understand that in order to receive a full credit refund for any passes, they must be returned to the NJ Transit Sales & Employer Services Division with a postmark of no later than **Friday, September 16, 2005**.

Sincerely,

\_\_\_\_\_

signature

\_\_\_\_\_

company title