

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.*

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

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