



MILWAUKEE COUNTY TRANSIT SYSTEM



Commuter Value Certificate Order Form



Order Form for Commuter Value Certificates

Company _____ Date ____/____/____

Contact Name _____ Title _____

Street Address _____ PO Box _____

City _____ State ____ Zip _____ - _____ Phone (____) ____ - _____

Delivery Instructions _____

Customer Order Information

of Certificates Ordered _____ X \$ _____ Unit Price = \$ _____ Total Cost
of This Order

Ordering Procedures

- Commuter Value Certificates must be provided to the employee/client as a no charge and tax-free transit benefit.
- **Minimum** order is 20 certificates.
- For orders greater than 20, certificates **must** be ordered in increments of four (4).
- Allow five (5) business days to process and ship your order.
- Please mail this form, **with your payment**, to:

Marketing Department, BSA
Milwaukee County Transit System, Inc.
1942 North 17th Street
Milwaukee, WI 53205

(Office Use Only – To Be Completed By MCTS)

Received by & date _____ Filled by & Date _____ Shipped by & date _____

MK173 (12/01)