marta Mobility

Order Number: _____
(For Internal Use Only)

IT'S EASY AS 1-2-3!

1. Complete one-time Registration Form. Your information will be private and will only be used to process your Mobility orders. Must have Registration Form on file to use service.
2. Complete Order Form by choosing 5-Trips and/or a MARTA Mobility 30-Day Pass.
3. Mail or fax Registration Form and Order Form to MARTA Media Sales. You can also print it from MARTA's website at www.itsmarta.com. See address and fax number below.

PERSONAL INFORMATION (Please complete the form by printing legibly in dark ink.)

First Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Middle Initial:** ☐

Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Suffix (Jr./Sr.):** ☐☐☐

Mailing Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **State:** ☐☐ **Zip Code:** ☐☐☐☐☐

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Phone: ☐☐☐-☐☐☐-☐☐☐☐☐☐ ☐☐☐-☐☐☐-☐☐☐☐☐☐
(Home) (Alternate)

Breeze Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

PAYMENT DETAILS

Credit/Debit Card:

☐ **VISA** ☐ **MasterCard** ☐ **Discover** ☐ **American Express**

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date: ☐☐ ☐☐☐☐

Cardholder Name :_____
(please print name as it appears on card)

Signature (required): _____

Please print and mail this form to: **MARTA Media Sales, P.O.Box 404218, Atlanta, GA 30384-4218** or print and fax to: **ATTN: MARTA Media Sales, (404) 848-4058.**

For questions about your order, please call (404) 848-4184, Monday-Friday 8:00 a.m.-5:30 p.m.