



**T** Massachusetts Bay Transportation Authority

# Day/Week LinkPass Groups (50+ passes) Order Form

*Please complete this form  
and send with payment to:*

**MBTA REVENUE DEPARTMENT**  
Ten Park Plaza, Room 3620  
Boston, MA 02116  
Attention: Multi-Day LinkPass

*Method of payment:*

**Certified, Cashier or Business Check**  
No cash, personal checks or credit cards.

**Please Print:**

*Ship to:*

**Organization Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Contact Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**e-mail** \_\_\_\_\_

**Exact Date of Travel:** \_\_\_\_\_

*Choose your pass type:*

PASS TYPE	QUANTITY		UNIT PRICE	AMOUNT
1 Day	_____	x	\$9.00	\$ _____
7 Consecutive Day	_____	x	\$15.00	\$ _____
<b>TOTALS</b>	_____		<b>CHECK DUE FOR TOTAL</b>	<b>\$ _____</b>

**Note: Must order  
50 or more passes.**

*Please sign here:*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please allow two weeks for processing upon receipt.*