



Bulk Sale - Day Pass Order Form

Organization Name: _____

Organization Contact: _____ Order Date: _____

Address: _____

Phone: _____ Requested Pick-up Date: _____

Email: _____

Payment Type: ☐ Credit Card* ☐ Cash ☐ Check or Money Order

Fare Product	Cost*	Quantity	Purchase Price
<input type="checkbox"/> Adult Day Pass	\$7.00		
<input type="checkbox"/> Senior/Disabled/Medicare Day Pass	\$4.00		
<input type="checkbox"/> Youth Day Pass	\$4.00		
Total Amount			

***Cost of Day Pass** includes "Limited Use PRONTO card" fee \$1

- Limited Use PRONTO card designed for Day Pass single use. Not reloadable.
- Please allow 7 or more business days to process orders of 100 cards or more.
- Minimum order of 20 cards required. Please allow at least one to two business days to fulfill.
- Email completed forms to the [Transit Store](mailto:transit.store@sdmts.com) at transit.store@sdmts.com.
- For questions or more information, call the Transit Store at 619-234-1060.

Payment and Pickup: Orders must be picked up in person at the Transit Store. Payment can be made by check, cash or credit card. **ID is required with check and credit payment.**

Day Pass Distribution Agreement Form also required for processing (on reverse)

FOR INTERNAL USE

Received by: _____

Date Filled: _____ Filled By: _____ Pick-up Date: _____

Payment Type (check one): ☐ Cash ☐ Check # _____ ☐ Money Order # _____ ☐ Credit Card

Order No. (if applicable): _____ NOTE: _____

Serial Numbers: _____



PRONTO SUPPORT CENTER

Call (619) 595-5636
support@ridepronto.com



Day Pass Distribution Agreement Form

MTS sells all products on PRONTO Cards, including Day Passes. These cards are loaded with a Day Pass and activated by tapping the card on bus validators or Trolley station validators. By signing below, your organization agrees to the following:

- A signed agreement must be submitted with each order form to the Transit Store or the MTS office before the organization will be allowed to purchase these Day Passes.
- The organization will be responsible for the proper use of all cards purchased. These limited use PRONTO cards are to be tapped on first use. PRONTO cards can be tracked by serial number.
- The organization will emphasize to its clients the importance of tapping PRONTO card on the bus or before boarding the Trolley. Riders who do not activate their cards prior to boarding may be subject to citation and the pass may be confiscated by Security.
- MTS reserves the right to discontinue the sale of these Day Passes to any organization whose clients do not follow procedures.
- The organization will be responsible for lost or damaged cards.
- The organization will bring a completed order form to the Transit Store or send to the MTS office each time they wish to purchase passes.

The organization will be responsible for validating eligibility of Senior/Disabled/Medicare (S/D/M) and Youth fare media by checking for proper government-issued picture identification before sale/distribution of PRONTO cards and/or fare media as prescribed below. Only those items listed below shall be considered Acceptable Forms of Identification (AFI). For discounted youth, senior, Medicare, or persons-with-disabilities fares or passes. MTS reserves the right to modify the AFI as identified in the Fare Ordinance or as needed to support transit operations:

- i. Valid government-issued photo identification to establish eligibility for a senior discount when paying for a senior pass. Seniors must be age 65+ or born on or before September 1, 1959.
- ii. Valid Medicare card and a government-issued photo identification card shall be permitted to purchase discounted senior, disabled, or Medicare pass regardless of age.
- iii. DMV Placard identification (receipt) with a government-issued photo identification
- iv. Reduced fare photo identification card issued by MTS or NCTD.
- v. Youth must provide valid government-issued photo identification to establish that their age is from 6 to 18 inclusive.

Organization Name: _____

Address: _____

Phone: _____

Email: _____

Order Date: _____

Authorized Representative Name: _____

Authorized Representative Signature: _____



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