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## ***ZOOM PASS --- Mail Order Form***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Monthly Commuter Card      \_\_\_\_\_ \$100.00

Quarterly Pass                      \_\_\_\_\_ \$260.00

PLEASE MAIL WITH CHECK PAYABLE TO : ShuttleBus-ZOOM, 13 Pomerleau St., Biddeford, ME 04005

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### ***FOR OFFICE USE ONLY***

Received on: \_\_\_\_\_

Check No.      \_\_\_\_\_

Quarter      \_\_\_\_\_      Pass # \_\_\_\_\_

Date sent      \_\_\_\_\_

Initials      \_\_\_\_\_