



SOUTHEASTERN PENNSYLVANIA TRANSPORTATION AUTHORITY SCHOOL STUDENT DISCOUNT FARE APPLICATION

SALES REPRESENTATIVE				ACCOUNT NUMBER		
A school or school district desiring to purchase student fares must complete this application.						
SCHOOL, SCHOOL DISTRICT NAME:						
ADDRESS		CITY		STATE	ZIP CODE	REFERRED BY
FEDERAL TAX ID NUMBER		PHONE NUMBER			FAX NUMBER	
WEBSITE ADDRESS			SCHOOL DISTRICT			
CURRENT CONTACTS			EMAIL ADDRESS		TELEPHONE	
1.						
2.						
SCHOOL ORDER PICK-UP POINT (SELECT A LOCATION TO RETRIEVE STUDENT FARE ALLOTMENTS.)						
Sales Office:	<input type="radio"/> 69 th St.	<input type="radio"/> Broad & Olney	<input type="radio"/> FTC (Bridge & Frankford)		<input type="radio"/> 1234 Market St.	
LEGAL FORM:						
<input type="radio"/> NON-PROFIT CORPORATION		<input type="radio"/> GOVERNMENTAL		<input type="radio"/> OTHER		
NUMBER OF STUDENTS		NUMBER OF FACULTY		ARE TEACHERS STATE CERTIFIED?		
PROJECTED TOKENS NEEDED PER WEEK (Suburban Schools Only.)			PROJECTED WEEKDAY PASSES NEEDED PER WEEK (Available to all Schools.)			
SCHOOL GRADES: (i.e., K-8, K-12, 1-6, etc.)			AGE RANGE OF STUDENTS			
SENIOR OFFICERS NAME		POSITION		PHONE NUMBER		
1.						
2.						
I certify that the above information is true, correct, and complete. Any false or misleading information shall be cause for canceling the agreement between this organization and SEPTA. An authorized officer must sign this application.						
AUTHORIZED SIGNATURE:						
POSITION:				DATE:		
SEPTA USE ONLY						
REVIEWED BY CREDIT SUPERVISOR:				DATE:		
ENTERED ON SYSTEM:				DATE:		