I. CUSTOMER INF	ORMATION				
METRO CUSTOMER NU	MBER		CHECK IF NEW ADDRESS		
BUSINESS NAME					
ADDRESS			BLDG #	ROOM #	
CITY		STATE	_ STATE ZIP CODE		
PHONE	FAX		E-MAIL		
CONTACT PERSON		TITLE			
II. METROCHEK (ORDER INFORMATION				
ORDER (INDICATE QUA	NTITY):				
METROCHEKS: \$1	\$5 \$10	\$15	\$20\$21	\$30	
TOTAL ORDER VALUE	\$				
III. PAYMENT INFO	ORMATION				
PAYMENT ENCLOSED: YES PICK UP AT TIME OF DELIVERY					
PAYMENT METHOD: □ PURCHASE ORD	ER BUSINESS CHECK	☐ BUSINESS CR	REDIT CARD (MASTE	RCARD, VISA,DISCOVER)	
PURCHASE ORDER NUMBER: ACH (Date of wire transfer)				r)	
BUSINESS CREDIT CARD NUMBER			TYPE		
EXPIRATION DATE USER NAME					
CUSTOMER SIGNATURE					
TITLE	DATE				
WMATA ACCOUNT REPRESENTATIVE					
\$499 or less: \$500-\$999: \$1000 or more:	ND DELIVERY PROCESS*: Purchase at Metro Center, Pent Submit order and payment for Submit order and payment for ivery Metrochek customers mus	mail delivery. Allow door-to-door delive	10 weekdays after ry. Allow three weekd	receipt. days after receipt.	
Mail	order and payment to:		J - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Far 33	MATA e Distribution and Sales O1 Eisenhower Avenue xandria, VA 22314-9425		202/962-5700/57 puyfares@wmata.co		

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