



TICKET EXCHANGE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Origin Station: _____ Destination Station: _____

Ticket Type: One Way Round Trip 20 Trip Zone: _____ Fare Amount: _____

Outlet Location: (Where you purchased your ticket) _____

Ticket Number: _____ Discounted Fare: (please check) Senior Disabled Youth

To Calculate the Value of an Old Ticket:

Fare Price (printed on the ticket) \$ _____

Cost per ride (Fare Price divided by 20) \$ _____

Number of Rides Remaining _____

Credit Available (Number of Rides Remaining x Cost per ride) \$ _____

To Calculate the Balance of the Exchange:

Cost of new ticket One Way Round Trip 20 Trip \$ _____

Available credit - \$ _____

Payment balance (Cost of new ticket less the available credit) \$ _____

Form of Payment

Commuter Check \$ _____ (Must be filled out completely to be accepted)

Credit/Debit Card (Visa or MasterCard only)

Credit Card #: _____ Expiration Date: _____

Card Holders Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Card Holder: _____

Office Use Only:

Processed on: _____ By: _____

Mail Ticket Exchange Form to:
ACE Headquarters
949 E. Channel St.
Stockton, CA 95202