



Loyalty Reward Program Application Form

Please provide the following:

- 10 Consecutive paid monthly passes (originals) or app account information to verify consecutive monthly purchases.
- A copy (front and back) of your 11th consecutive monthly pass (must be in consecutive order of the first 10 passes) or app account information for verification.

Free pass will be the 12th consecutive month of the series submitted

Example: for a free December 2019 pass, you must submit January – October 2019 original passes and a copy of the November 2019 pass.

The free monthly pass will not be counted when qualifying for future Loyalty Reward Programs.

If the monthly passes were purchased on the mobile app, the free pass will be issued to the mobile app, otherwise paper ticket will be mailed.

First Name: _____ Last: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Daytime Telephone: (_____) _____ - _____ Evening Telephone: (_____) _____ - _____

Origin Station: _____ Destination Station: _____

Your mobile app account (if applicable): _____

Email associated with mobile app account

For verification purposes, please indicate the month and year, paper or digital ticket for mobile app.

Month	Year	Paper or App	Month	Year	Paper or App
<input type="checkbox"/> January	_____	<input type="checkbox"/> Paper <input type="checkbox"/> App	<input type="checkbox"/> July	_____	<input type="checkbox"/> Paper <input type="checkbox"/> App
<input type="checkbox"/> February	_____	<input type="checkbox"/> Paper <input type="checkbox"/> App	<input type="checkbox"/> August	_____	<input type="checkbox"/> Paper <input type="checkbox"/> App
<input type="checkbox"/> March	_____	<input type="checkbox"/> Paper <input type="checkbox"/> App	<input type="checkbox"/> September	_____	<input type="checkbox"/> Paper <input type="checkbox"/> App
<input type="checkbox"/> April	_____	<input type="checkbox"/> Paper <input type="checkbox"/> App	<input type="checkbox"/> October	_____	<input type="checkbox"/> Paper <input type="checkbox"/> App
<input type="checkbox"/> May	_____	<input type="checkbox"/> Paper <input type="checkbox"/> App	<input type="checkbox"/> November	_____	<input type="checkbox"/> Paper <input type="checkbox"/> App
<input type="checkbox"/> June	_____	<input type="checkbox"/> Paper <input type="checkbox"/> App	<input type="checkbox"/> December	_____	<input type="checkbox"/> Paper <input type="checkbox"/> App

Mail to:

ACE® (Altamont Corridor Express)
 ATTN: Ticketing Dept. LRP
 949 E. Channel St.
 Stockton, CA 95202-2620

For Office Use Only

Processed on: _____
 By: _____
 Mailed: _____ App: _____
 Issued Ticket: _____