

Business/Agency/Organization Voucher Application Information

Thank you for your interest in Door-Tran's Half-Price Travel Voucher Program.

Attached is the Registration Form for your completion. Once received, you will be authorized to purchase travel vouchers for your customers. If you want to place an order immediately, an order form is also attached.

Door-Tran vouchers are accepted by non-profit and for-profit transportation providers offering service in and out of the County up to 24 hours a day, 7 days a week. Vouchers come in increments of \$1.00, \$5.00, \$8.00 and \$10.00. To recoup some of your cost and still make transportation affordable to your customer, you may choose to charge up to half-price for each voucher or you may give them out at no charge.

The following are some benefits to you and your customer that could result from purchasing travel vouchers:

- Your customer may become more active and more timely
- Customers would have less stress by having more affordable transportation options
- Door-Tran may save you valuable staff time by not having to schedule rides or review monthly transportation invoices for your customers
- Allow you to have vouchers ready for your customers when the need arises.

Please contact me at (920)743-9999 or (877)330-6333 if you need more information or have questions about the enclosed forms. I look forward to working with you to make transportation more affordable for your customers.

Sincerely,

Nikki Voight
Door-Tran Executive Director

Enc. Door-Tran Travel Voucher Registration & Order Form

BUSINESS VOUCHER PURCHASE REGISTRATION FORM

Agency/Business Name: _____

Street Address: _____ Zip Code: _____

Mailing Address (if different than above): _____ Zip Code: _____

Telephone Number: _____ Website: _____

Agency/Business category - please circle:

Non Profit; For Profit Business; Hospital; Human Services Organization; Municipality; Church

Contact Name: _____ Contact Telephone Number: _____

Contact E-mail address: _____ Contact Fax Number: _____

Agency/Business Agreement:

Agency/Business agrees to adhere to, and has reviewed the following Guidelines:

Please initial by each of the following verifying you have reviewed

_____ Must be a non-profit organization, for profit business, human services organization, government organization, hospital or church located in Door County.

_____ Must agree to designate a contact and an alternate contact person for Door-Tran, Inc. communication.

_____ All vouchers have an expiration date which is 6 months from the date of purchase from Door-Tran, Inc.

Authorized Signature: _____ Print Name: _____

Title: _____ Date: _____

Business/Agency Voucher Order Form

Business/Agency Name: _____ **Date:** _____

Mail vouchers to: _____

OR

I will pick up vouchers on: Date _____ **Time** _____

Door-Tran office is open Monday-Friday, 8 a.m. to 4:00 p.m.

Please fill-in the number of vouchers requested:

_____ **\$1.00 valued vouchers in a booklet 5 x \$5.00 =** _____

_____ **\$5.00 valued vouchers x \$5.00 =** _____

_____ **\$8.00 valued vouchers x \$8.00 =** _____

_____ **\$10.00 valued vouchers x \$10.00 =** _____

Total Amount of Order = _____

Mail or Drop Off Your Order Form To:

Door-Tran Inc, 1009 Egg Harbor Road, P.O. Box 181, Sturgeon Bay, WI 54235-0181

Make Payment Payable To:

Door-Tran. Cash, Check or Money Order payments only. Cannot accept debit or credit card payments. Thank you.

REMINDERS:

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Vouchers do expire six months from time of purchase and may not cover the full ride so please inform your customer that they are required to pay any difference directly to the provider. No change will be given by the provider for any rides that cost less than the face value of the voucher. A rider may use multiple vouchers for longer trips as needed. *(A one-time, three month extension, may be given on vouchers near expiration – must be approved by Door-Tran staff.)*