

## **Order Form**

Signature

Please submit Order Form 15 days prior to the start of each Pass Period to:

Revenue Branch Kelowna, City Hall, 1435 Water St., Kelowna, email: revenue@kelowna.ca	BC V1Y 1J4 o	r Fax: 250 86	2- 3391 or
Item #			
Number of individuals registered for ProPass:			
2. Pass Period start date: Year   January	1 May	1 🗌 Septem	ber 1
3. Invoiced Amount (Item # 1 x 4 months x Monthly F	Rate):		
4. Employer Monthly Remittance (Item # 3 /4 month	s):		_
ProPass Program	Corporate Membership		
Description	Bronze	Silver	Gold
Number of employees registered for ProPass	3-9	10-19	20 or more
Discount off of regular Adult Monthly transit pass	10%	12.5%	15%
Invoiced Amount	\$216.00	\$210.00	\$204.00
Monthly Rate*	\$63.00	\$61.50	\$59.50
*Monthly Rate is based on a regular "Adult Monthly" transit pass (cur City of Kelowna will provide written notification of rate increases for notice prior to the next Pass Period (January 1st, May 1st, and Septem	an "Adult Mon		
Company Authorization			
I have read and agree to the Kelowna ProPASS Terms and Co	onditions.		
Printed name Title			

Date