

# MARTA PARTNERSHIP PROGRAM NEW ACCOUNT TRANSMITTAL FORM

## HOW TO ENROLL

### Enrolling in this Partnership Program is easy.

1. Simply complete and sign this form.
2. If not making payment via credit card include a Current Audited Financial Statement\* or Federal Tax form, as part of the credit approval process
3. Submit the above items to MARTA by the 5th day of the month for enrollment to start the following month. Please allow a minimum of five (5) business days to process enrollment.

\*Within last 2 years and in accordance with GAPP

## THE PARTNERSHIP PROGRAM FARE STRUCTURE

Unlimited Ride Calendar Monthly Pass..... **\$95.00**

SALES VOLUME	DISCOUNT	PRICE
1-9	5%	\$90.25
10-1,499	15%	\$80.75
TMA/1500+	20%	\$76.00

## PAYMENT INFORMATION

- Your organization will be billed for each fare media activated during a benefit month based on the fare media structure.
- MARTA will invoice your organization on the 7th business day of the month the passes are effective. Payment is due immediately. Payment after the 25th business day will be delinquent.

## TERMS OF AGREEMENT

- MARTA reserves the right to request immediate delivery of all proceeds derived by your organization from fare media sales and/or unsold Breeze Cards/Tickets to MARTA.
- Your organization will permit MARTA, during reasonable hours, to inspect and audit all records and accounts related to the handling of fare media, to determine the amount of fare media and proceeds from their sales.
- Your organization's participation in the Program will continue until terminated by either party.
  - If either party believes it's not in the best interest to continue in the program, it can terminate participation without liability by giving thirty (30) days' notice in writing by hand delivery, U.S. mail or email. Your organization will be responsible for all payments due to MARTA at the date of termination.
  - If your organization fails to satisfactorily perform its responsibilities in a timely and proper manner, or violates provisions in the Program Guidelines, MARTA will provide your organization written notice giving it 15 calendar days to rectify the situation. MARTA may terminate the partnership immediately if the situation is not rectified within the 15 calendar day period. Notification is considered complete upon email or mailing via certified mail, by MARTA.
- Your organization's authority is limited to the purposes identified.
- No provision of these Guidelines shall be construed to require MARTA to continue to operate any transit service to or from the facilities of your organization or elsewhere during the term of this Program.
- To the extent allowed by Georgia law, your organization agrees to indemnify and hold harmless MARTA from and against any and all liability arising out of or in any way related to your organization's sale and distribution of MARTA fare media pursuant to this program.
- An additional administrative charge per Breeze Card and Ticket will be billed when fare media is provided. MARTA has the right to waive these administrative charges at its discretion.
- A \$2.00/per card administrative fee for the replacement of lost, stolen or damaged cards will be billed to your organization when replacement cards are provided.
- MARTA has the right to amend the fare media structure.

### We, the undersigned:

- Certify that I am legally authorized by the Partner to act on its behalf,
- Acknowledge that I have read and agree to participate in the Partnership Program under the terms set forth above,
- Understand and agree that these terms govern the partnership relation between the parties, therefore superseding any and all prior agreements, arrangements, communications or representations, whether oral or written.

### Partner's Representative

Company Name \_\_\_\_\_

Name/Title (Primary Rep) \_\_\_\_\_ Name/Title (Secondary Rep) \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Number of Monthly Breeze Cards Ordered \_\_\_\_\_

Preferred Starting Date \_\_\_\_\_

Preferred Payment Method

- Invoice
- Visa/Mastercard

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