

Program Benefits

Discounted Bus Pass is a Great Value for Both Employers & Employees

Paying for transportation to work can be expensive for employees. Fortunately, there's an alternative that saves commuters money and makes them happier. Offered through employers, OCTA's Perk Pass Program provides affordable bus passes that can reduce employee transportation costs and stress levels. Employers benefit as well by having happier employees and reducing payroll taxes while participating in a program that improves air quality, reduces traffic, and helps get their employees to work in a reliable way.

Here's How It Works

OCTA's Perk Pass is a card that can be used on any local OCTA fixed-route bus. When employees board a bus for work or play, they simply swipe their card in the farebox. No need to carry change, the card is simply charged when boarding, then they can just sit back and enjoy the ride. That's it!

OCTA provides the cards for free. To qualify for the Perk Pass Program, a company needs only 10 or more participating employees. OCTA charges all fares to the employer at the end of the month in one invoice. No matter how much the employee rides, you will never pay more than \$69 per employee.

Benefits for Employers	Benefits for Employees
Offer a valuable no-hassle employee benefit	Save on transportation costs
 Reduce payroll taxes by participating in a mass transit program 	Stress-free, on-time commute
Help alleviate parking issues	• No need to buy daily or monthly bus passes
 No paperwork, administration is done electronically. 	 Passes are good any time, any day on all OCTA local fixed bus routes



Interested? We are here to help!

- 1. Give OC Bus a try on us! Meet with us to discuss the Perk Pass Program and we'll give your company five (5) free one-day passes (a \$25 value). With these passes, employees can experience the convenience and ease of taking an OCTA bus to work.
- 2. To help employees learn about the program, OCTA will provide marketing materials and offer presentations.
- 3. Once you have at least 10 participating employees, let OCTA know and we'll get you started.
- 4. OCTA will help you kick-off the new program with a rideshare fair at your workplace. We will also provide ongoing support and resources to help make your program a success.

If you have any questions feel free to call us at (714) 560-5348 or email us at ewatt@octa.net

Enrollment Process

- 1. Complete the following forms :
 - Employer Perk Pass Enrollment and Order Form
 - Employer Perk Pass Banking Bank Credit Check Form
 - Employer Perk Pass Reference and Credit Application
- 2. Return forms to:

Orange County Transportation Authority Customer Relations/Pass Sales P. O. Box 14184 Orange, CA 92863-1584 Or email to: ewatt@octa.net

- 3. Once the above forms have been received and approved, an agreement will be emailed to you.
 - Once the agreement is reviewed, completed and signed by the company's Responsible Party, email a scanned copy to: ewatt@octa.net or mail to the above address.
- 4. OCTA will deliver passes to you.

Employer Perk Pass Program Enrollment and Order Form



Company Name			Date	
Contact			Title	
Email		Phone	Fax	
Street Address		City	Zip	
Mailing Address		City	Zip	
Name of Responsit	ble Party		Title	
Signature of Respo	nsible Party		Date	
• Total # of employees	Quantity of passes requested (10 minimum)		u currently us passes?	
Indicate exactly how you want your company name printed on the pass. Include any periods or commas if appropriate				
PERK				
LA22	 We will send you addition employees who join the p 			
GREAT PLACE TO WORK	 Please keep the passes i activated and ready to us 		place. All passes are	
			•	

Employer Perk Pass	$\mathbf{\Lambda}$
Bank Credit Check	OCTA

Company Name			
Contact	Email	Phone	
Street Address	City	Zip	
Accounts Payable Contact	Email	Phone	
Bank Reference (attach additional sheet if more	space is needed)		
 Bank Reference (attach additional sheet if more Bank Name 	space is needed) Account Number		
		Phone	
Bank Name		Phone	
Bank Name		Phone Phone	

Agreement and Terms & Conditions

I certify that all information on this form is correct. I fully understand the credit terms and conditions applicable to the OCTA Employer Perk Pass Program and Revenue Agreement. I agree to these conditions and to prompt payment in consideration of extended credit.

Authorization

I hearby authorize the above-named bank to furnish credit information to Orange County Transportation Authority.

Release Auth	norization Signature	Title	Date
	entative from your bank complete ion and attach their business card.		
Opening Date of Account		Please attach	
Average Balance		bank representative business card here	
Satisfactory Amount			
Comments			

Employer Perk Pass Program

Reference and Credit Application



Company Name			Date
Name of Responsible Party			Title
Years in Business		Business Structure	
			Corporation
Credit requested per month	□ \$1,725	(10-25 employees)	 Sole Proprietorship Partnership
Please select an amount	□ \$3,500	(25-50 employees)	□ Non-Profit
	□ \$7,000	(50-100 employees)	
	□ \$10,500	(100-150 employees)	
	□ \$14,000	(150-200 employees)	
	□ \$		
		at \$69 per employee	
Authorization for Refere	ence Check	ζ.	
I hereby authorize Orange Co	ounty Transno	rtation Authority to condu	uct reference checks
required in connection with th	• •	•	
		-	
Name		ļ	ītle
Signature		C	Date

Trade Reference and Credit Check



Please list a minimum of three references with whom you currently do business with. No more than one utility or property reference (e.g. water, power, mortgage or rent). Other references should be external vendors, suppliers, and / or partners. (e.g. for a hotel: restaurant supplier, hotel product supplier, printing company, etc.)

References will be asked about the length of business relationship, average dollar value of business and payment history.

Business Name		
Address		
City	State	Zip
		-7
Contact Name	Email	
Phone	Account Number	
Business Name		
Address		
City	State	Zip
Contact Name	Email	
Phone	Account Number	
Business Name		
Address		
City	State	Zip
Contact Name	Email	
Phone	Account Number	

Business Name		
Address		
City	State	Zip
Contact Name	Email	
Phone	Account Number	
Business Name		
Address		
Other	04-4-	7:
City	State	Zip
Contact Name	Email	
Phone	Account Number	
Business Name		
Address		
City	State	Zip
		Σip
Contact Name	Email	
Phone	Account Number	