



Passenger Fare Card Application

CDC QUEENSLAND

Primary Card User:

Will the card be used by multiple passengers: **YES** - see reverse / **NO**

Address:

.....

If completing application on behalf of a student:

School Attending:

Date of Birth: Grade: MALE / FEMALE

Parent / Guardian Name:

Contact Phone Number: Email:

Routes Frequently Travelled on:

Terms & Conditions:

This Passenger Fare Card can only be used on CDC Gladstone bus services. This card remains the property of CDC Gladstone.

I agree to ensure that the card has sufficient funds to cover the passenger's bus fares at all times. Failure to do so may result in suspension from bus services.

If the Passenger Fare Card is misplaced, stolen or damaged, it can be 'blacklisted' to prevent anyone else from accessing the money on the card. The balance can then be transferred to a new card. In order to purchase a new card and recover the funds I agree to notify CDC

Gladstone and pay the \$10.00 card fee to purchase a new card.

If I no longer want or need the Passenger Fare Card, I can request a refund of the remaining card balance. I also have the option of transferring the balance to another Passenger Fare Card.

N.B. These cards have fine copper wires running through the inside. Once these copper wires are damaged the card will not work. Do not hole punch, cut, bend, pierce, bite/ chew on the card. It is the passenger's responsibility to ensure the card is stored securely to prevent any unnecessary wear and tear.

Sign Here:

Date:

CARD FEE: **\$ 10.00**

INITIAL RECHARGE AMOUNT: \$

TOTAL AMOUNT PAYABLE: \$

Office Only:

Total Amt Paid: Payment Type: Date:



Passenger Fare Card Application



(1) Additional User Name:

School Attending:

Date of Birth: Grade: MALE / FEMALE

(2) Additional User Name:

School Attending:

Date of Birth: Grade: MALE / FEMALE

(3) Additional User Name:

School Attending:

Date of Birth: Grade: MALE / FEMALE

(4) Additional User Name:

School Attending:

Date of Birth: Grade: MALE / FEMALE