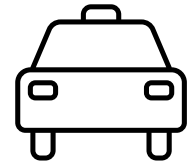


IRIS – MARSHFIELD



RUNNING INC SHARED RIDE TAXI

Service: Community Transportation Pass

T2004 RI

SERVICE DATE: _____

FEA: _____

Participant Name: _____

Mailing Address: _____

City: _____ State: WI Zip: _____

Current phone number: _____

Number of punch cards (10 (1 way) rides per card) _____ x \$ 100.00 = \$ _____

Participant Signature: _____

Date: _____

Fax: 1-608-637-6877

Email: diane@runninginc.net or lindsay@runninginc.net

After Running Inc receives the order form the process is as follows:

1. Running Inc sends an invoice to the correct FEA.
2. FEA pays the invoice
3. Running Inc will send the requested cards to the participant by mail.