



## BOOKING FORM FOR TRANSFER SERVICES TO CITTÁ ALTA

### CONTACT INFORMATION

|             |               |
|-------------|---------------|
| Name _____  | Surname _____ |
| Tel. _____  | Mobile _____  |
| Email _____ |               |

### GROUP AND REPRESENTATIVE DATA (The representative has to be present on the day of the journey)

|                            |               |
|----------------------------|---------------|
| Group name _____           |               |
| Representative: Name _____ | Surname _____ |
| Mobile _____               |               |

### BILLING DATA

|                                                                                                                                            |                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Do you need an invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No (Fill out the following fields only if the answer is Yes) |                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name _____                                                                                                                                 | Surname _____                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Company name _____                                                                                                                         | Nationality _____                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tel. _____                                                                                                                                 | Mobile _____                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email _____                                                                                                                                |                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VAT or TAX CODE                                                                                                                            | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                            |                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SDI CODE or RECIPIENT CODE                                                                                                                 | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                            |                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Billing address _____ Nr. _____                                                                                                            |                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| POSTAL CODE _____ City _____ Country _____                                                                                                 |                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### BOOKING REQUEST (fares valid from 01/01/2026, VAT included)

|                                                                                                                            |                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| BUS TRANSFER ONLY                                                                                                          | <input type="checkbox"/> ROUND TRIP € 145,00 <input type="checkbox"/> ONE-WAY € 120,00 |
| OUTWARD BY BUS,<br>RETURN BY FUNICULAR                                                                                     | <input type="checkbox"/> ONE-WAY € 150,00 Expected return time by funicular: _____     |
| Nr. of passengers _____ Disabled passengers on wheelchair (max 1) <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                        |
| Date of the requested service ____ / ____ / ____                                                                           |                                                                                        |

**Mark with an X the departure time scheduled for the requested service**

| <b>Booking of BUS transfer</b>                                                                                                                    |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>OUTWARD - From a location selected by ATB from among the available locations, in accordance with the traffic management measures in force.</b> |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| <b>TO- Colle Aperto (Città Alta)</b>                                                                                                              |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| hours                                                                                                                                             | 8                           | 9                           | 10                          | 11                          | 12                          | 13                          | 14                          | 15                          | 16                          | 17                          |
| minutes                                                                                                                                           |                             | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 |
|                                                                                                                                                   | <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input type="checkbox"/> 30 |
|                                                                                                                                                   | <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> 40 |
|                                                                                                                                                   | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 |
| <b>ONLY FOR RETURN BY BUS</b>                                                                                                                     |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| <b>RETURN - from Colle Aperto (Città Alta)</b>                                                                                                    |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| <b>TO - a location selected by ATB from among the available locations, in accordance with the traffic management measures in force.</b>           |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| hours                                                                                                                                             | 11                          | 12                          | 13                          | 14                          | 15                          | 16                          | 17                          | 18                          | 19                          | 20                          |
| minutes                                                                                                                                           | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 |
|                                                                                                                                                   | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
|                                                                                                                                                   | <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> 20 |
|                                                                                                                                                   | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 |

**IN CASE OF SPECIFIC NEEDS BEYOND THE WRITTEN SCHEDULED TIME SEND AN EMAIL TO:**  
servizispeciali@atb.bergamo.it

**PUNCTUALITY AT DEPARTURE STOPS IS RECOMMENDED.**  
**IN CASE OF MORE THAN 30 MINUTES DELAY WITHOUT PRIOR NOTICE, THE TRANSFER SERVICE WILL NOT BE GUARANTEED.**



## SERVICE TERMS AND CONDITIONS

### WAY OF BOOKING AND PAYMENT

This form must be filled out in every part and sent to this email address [servizispeciali@atb.bergamo.it](mailto:servizispeciali@atb.bergamo.it) **at least 10 days before the day of the service required.**

ATB offices are processing the request within 2 working days and confirming it by sending an email with an **Option Code** and the amount to pay.

Whether the service is not available for the arrival date or in the required times, ATB offices contact the applicant and offer alternative solutions.

The applicant must **pay the service by bank transfer and send the receipt to [servizispeciali@atb.bergamo.it](mailto:servizispeciali@atb.bergamo.it) within 3 working days from receiving the Option Code.**

The payment must be made on the bank account assigned to ATB Servizi - codice IBAN n. IT10L0538711111000042568258 - SWIFT Code BPMOIT22XXX - writing the reason as follow: Option Code, Name and Surname or Business Name of the applicant and date of the service.

ATB offices, once the payment is confirmed, send via email **the booking confirmation** with service details and the **Confirmation Code** that must be shown to ATB personnel to use the purchased services.

In case the payment is not made within the right terms, the option is not confirmed and the service will not be done.

### REFUND

Booking cancellation and refund must be required by and no later than 7 days before the date of the service. After this term the amount is no more refundable.

### FARES

Current rates are shown on the front of this form.

### SERVICE FEATURES

Bus transfer (esclusive use) is carried out by a vehicle equipped for urban service that can transport up to 80 passengers (75 in the presence of a passenger on wheelchair).

For general info ask ATB Point, Largo Porta Nuova 13, ph. +39 035 236 026, [atbpoint@atb.bergamo.it](mailto:atbpoint@atb.bergamo.it).

For specific enquiries about the service send an email to [servizispeciali@atb.bergamo.it](mailto:servizispeciali@atb.bergamo.it) or call +39 035 364 364 from Monday to Friday from 8.30 a.m. to 3.30 p.m.

ACCEPTANCE SIGNATURE

Stamp and signature

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