GO TAP (Group Organization TAP) Enrollment Form

Please complete this writeable PDF form and email it to *gotap@taptogo.net*. The subject line of your email should be "Group Organization Account Enrollment." Please attach an Excel spreadsheet to your email listing the names and TAP card numbers of the patrons you would like to have in your account.

Primary Account (Required for all organizations)

_____

ORGANIZATION'S NAME

Billing Address:

_____

STREET ADDRESS

_____   _____

CITY, STATE   ZIP CODE

Shipping Address (If different from Billing Address)

_____

STREET ADDRESS

_____   _____

CITY, STATE   ZIP CODE

Primary Contact

_____

FIRST AND LAST NAME

_____   _____

EMAIL   PHONE NUMBER

Payment

Select form of payment:

☐ CREDIT CARD   ☐ CHECK **   ☐ BANK (ACH) **

     Do not provide credit card information on form.

* Delinquent accounts will be suspended.
** Subject to credit evaluation.

Questions?

For technical support with your GO TAP account, please contact: gotap@taptogo.net

_____   _____

SIGNATURE   DATE

_____

FIRST AND LAST NAME