

GO TAP (Group Organization TAP) Enrollment Form

To enroll in the GO TAP Program, please email your completed form 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

Secondary Account (Required only if administration and payment is processed through a Primary Account.)

STREET ADDRESS:

CITY, STATE

ZIP CODE

Primary Contact:

FIRST AND LAST NAME

EMAIL

PHONE NUMBER

Payment

Select form of payment:

☐ CREDIT CARD

Do not provide credit card information on form.

☐ CHECK *

☐ PURCHASE ORDER *

Government organizations with advance approval.

* Delinquent accounts will be suspended.



Questions?

For technical support with your GO TAP account please contact:

Jonathan Acuna

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TAP Operations
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Chelsea Meister

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For regional policies or procedure questions please contact:

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