



Chicago Taxi Access Program (TAP) Mail Order Form

NOTE: FOR USE ONLY BY RTA CERTIFIED PARATRANSIT CUSTOMERS

RTA ADA Paratransit

ID Number: P _ _ _ _ _ Expiration Date: _____

Last Name: _____ First Name: _____

Receipts will be mailed to the current mailing address in the RTA ADA Registration System. Passengers should update their mailing address information by contacting the RTA at (312) 663-4357.

Telephone(s): _____

E-mail (optional): _____

TAP Trips are \$5.00 each. You may purchase up to thirty (30) trips per week.

CASH & PERSONAL CHECKS ARE NOT ACCEPTED ON MAIL ORDERS

Quantity	TOTAL	Payment Method (check one)
_____ x \$5.00 = \$ _____		<input type="checkbox"/> Money Order *
		<input type="checkbox"/> Certified Check *
		<input type="checkbox"/> Credit Card +

* Money Orders and Certified Checks should be made payable to:

Pace

(Print your Paratransit ID number on money orders and certified checks)

+ For credit card payment, please complete the following:

Credit Card (check one) Credit Card No.: _____

Expiration Date: _____

Mastercard Cardholder's Name: _____

Visa Cardholder's Signature: _____

(Over, please)

I understand that a receipt for my TAP trip purchases will be sent within seven (7) business days of Pace's receipt of this order. I also understand that my TAP Swipe Card MUST BE PRESENTED upon entering the taxi for each TAP trip.

There are no refunds for TAP trips. TAP trips are not transferable to other customers.

Signature _____ Date: _____

Questions may be directed to Pace's Paratransit Operations Department at:
Voice: (800) 606-1282 TTY (888) 847-0093

Send this with your form of payment to:

Pace
TAP Mail Order Program
P.O. Box 806347
Chicago, IL 60680-4124

OFFICE USE ONLY

Order processed by: _____ Date: _____

Complete: _____

Incomplete Reason: _____