

Third Party Vendor Form

Schools, Corporations, and Government Entities

Thank you for your participation in the TAP Vendor Network. Before joining, we will need the following contact information:

Name of organization:

PRIMARY CONTACT

Name:

Title/Position:

Phone:

Email:

Fax:

SIGNER OF THE TAP VENDOR SELLER'S AGREEMENT (do not fill out if same as primary contact)

Name:

Title/Position:

Phone:

Email:

Fax:

VENDOR NAME:

Main Address:

Secondary Address:

Taxpayer ID:

METHOD OF BILLING

Electronic Funds Transfer (Metro will sweep TAP funds from your account on a weekly basis)

Invoice

FARE MEDIA

Recommended Passes to sell in your region:

Please list if there are any other types of passes that you would like to sell:

