



Chicago Taxi Access Program (TAP) Voucher By Mail Order Form

NOTE: FOR USE ONLY BY RTA CERTIFIED PARATRANSIT CUSTOMERS

RTA ADA Paratransit

ID Number: P _____ Expiration Date: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone(s): _____

E-mail (optional): _____

Vouchers are \$5.00 each. You may purchase up to thirty (30) vouchers 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: _____
<input type="checkbox"/> Mastercard	Cardholder's Name: _____
<input type="checkbox"/> Visa	Cardholder's Signature: _____

(Over, please)

I understand that the TAP vouchers will be mailed to the address shown on the opposite side within seven (7) business days of receipt of this order. I also understand that I must present a valid RTA ADA Paratransit ID card with an ID number starting with a "P" or a letter of eligibility from RTA with a Photo ID, along with a voucher each time I ride, and I will only use one voucher per trip.

There are no refunds or replacements of TAP vouchers. TAP vouchers are not transferable to other customers.

Signature _____ Date: _____

Voucher By Mail Checklist

- Did you:
- Specify how many vouchers you are purchasing?
 - Sign and date your order form?
 - Enclose a money order or certified check payable to Pace?
 - Include your RTA ADA Paratransit ID Permit number on your money order or certified check?
 - If paying with a credit card, fill out all credit card information
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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 Voucher by Mail Program
P.O. Box 806347
Chicago, IL 60680-4124

OFFICE USE ONLY

Order processed by: _____ Date: _____

Starting voucher No. _____ Ending voucher No. _____

Client Paratransit ID could not be found. Date Order Returned: _____