



## TAP Enrollment Form

Trucker Advantage Program

Click to edit

\_\_\_\_\_  
Mon Day Year  
th

EIN

Company Type

### Personal Information

Contact Full Name

\_\_\_\_\_  
First Name Last Name

SSN

E-mail

Office Phone

Mobile Phone

Your Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address Line 2

\_\_\_\_\_  
City State / Province

\_\_\_\_\_  
Postal / Zip Code Country

**Trucker Advantage Program (TAP)**—Once a month Applicant will fill out the Monthly TAP Reporting Sheet and submit it to TTS. Once TTS receives the information, the following tasks will be performed by TTS by the end of the second week of the following month.

Settlement Statement Analysis  
Monthly Profit and Loss Statements  
Estimated Quarterly Taxes and Related Filings

*Note: Applicant assumes all responsibility for the accuracy and timeliness of the information.*

**Credit Card Authorization Form**—I hereby authorize TTS to deduct fees from my credit card for services listed on the previous page in accordance with the amounts in TTS' current pricing structure and according to the terms of this agreement.

**Name on Credit Card**  
\_\_\_\_\_

**Credit Card Number**  
\_\_\_\_\_

**Expiration Date**  
\_\_\_\_\_

**CVV Number**  
\_\_\_\_\_

**When would you like the monthly fee to be deducted:**

The 1st day of the month  
The 15th day of the month

If Information Requested Below is the Same as Above, Skip It & Click Submit

**Card Holder Address**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Province

\_\_\_\_\_  
Postal / Zip Code

\_\_\_\_\_  
Country

**Card Holder Email Address**  
\_\_\_\_\_

**Card Holder Phone Number**  
\_\_\_\_\_

