



PassFort Employer Application



Please fill out the form completely and email, fax, or mail it to:

Transfort Administration
RE: Passfort Enrollment
250 N Mason St.
Fort Collins, CO 80524

Phone (970) 224-6161
Fax (970) 221-6285
Email: transfortinfo@fcgov.com
www.ridetransfort.com/fares-passes/passfort

You will be notified upon approval and instructed where to pick up your pass vouchers. If you have any questions, please call (970) 224-6161.

Company Name: _____

Contact Name: _____ Title: _____

Telephone Number: _____ Ext: _____

Fax Number: _____ E-mail address: _____

Company mailing address: _____

City: _____ Zip: _____

Total number of people employed by company: _____

Number of passes desired (at least equal to the minimum required*): _____

*See PassFort Guidelines, available on website, for minimum purchase requirements

Signature: _____ Date: _____

By signing above I acknowledge that I have read and understand the PassFort program policies and guidelines and agree to abide and be bound by them and further state that the information provided above is accurate to the best of my knowledge.

FOR INTERNAL USE ONLY:

Number of passes issued: _____ Pass number range: _____

Pass active date range: _____

Comments: _____

Paid with:

Company Check – Check # _____ Company Credit Card – Visa / MasterCard

Approved/sold by: _____ Date: _____
(please print)

Signature: _____