



OPERATOR APPLICATION FORM Effective April 2020			
Taxi Number		Commencement Date / /	
Operator Details			
Business Name (If Applicable)			
Title	Given Names		Surname
Address		State	Postcode
Phone	Mobile	ABN	
Email		Driver Licence	
Banking Details			
Bank		Account Name	
BSB Number	ACC Number	Branch	
Vehicle Details			
Make	Model	Build Date	
VIN Number		Engine Number	

I hereby provide the above information for the purpose of becoming an affiliated Operator with Aerial Capital Group (ACG) and to gain access to Aerial's Operator Web Client portals provided by Aerial from time to time. This access is provided for my use while I remain affiliated with Aerial.

To ensure that my personal information remains confidential, I agree that any user ID's, PINs or passwords are for my use only and must not be divulged to any other party.

I have sighted and agree to pay all fees levied on operators as determined by ACG

I acknowledge that I have discussed this application with Aerial Capital Group and have been given access to the Aerial Operator Agreement and By-Laws on Aerial's website.

I undertake to complete all forms and have agreements signed and lodged within 14 days of this application being approved.

I acknowledge that I will provide Aerial Capital Group Ltd with confirmation of my Worker's Compensation Insurance Policy within 30 days of this application being approved. I also understand I am required to have a signed Bailee/Bailor Agreement with any driver who bails my taxi.

I understand that I must provide Aerial Capital Group Limited with 28 days written notification if I decide to withdraw my taxi from the Aerial network. I also understand that failure to do so will result in my being charged Base Fees for 28 days from the date of notice.

I acknowledge that I have read and accept the Aerial Taxi Operator Agreement Standard Terms and Conditions and have had the opportunity to ask questions.

Signature: _____ Date: _____