



NDIS Service Agreement

Participant Details

Name: _____ NDIS Participant # _____
Address: _____
Phone: _____

NDIA/ NDIS Participant's Nominee details (If applicable)

Name: _____
Organisation: _____
Address: _____
Phone: _____
Email: _____

Please provide details of transport and any special requirements that will assist taxi drivers

Payment Details

PAYG

Invoice

Name of the account:

Billing Address

Billing Address Contact Name

Billing Address Phone Number

Billing Address email

Password is required for bookings (a password is used to protect your account. Please share this password with only those authorised to use the corporate account. The password must be eight digits in length and include at least (1) capital letter and 1 numeric. Please underline the capital

Password: _____

Agreement

1. Aerial Capital Group will review the Agreement after 12 months
2. All request for transport will be attempted but cannot be guaranteed
3. Aerial Capital Group Ltd will issue monthly expenditure statements
4. Administration fee of 5% plus GST will apply
5. All invoices paid within 7 days from the invoice date will receive a 5% discount
6. Payments received after 21 days of the invoice date will have 15% pa interest applied commencing from day 22 until receipt of payment
7. AMEX and Dincers will incur an additional surcharge of 3% plus GST
8. A no contact booking will incur an \$8.60 (GST incl) fee
9. The Service Recipient will comply with the approved guidelines of the funding
10. The Service Recipient will report any erros in inconsistencies without delay
11. The Service Recipient will provide Aerial Capital Group 2 hours notice should you wish the cancel the Agreement
12. If plan managed, the plan manager agrees to monitor the participant's budget and pay Aerial Capital Group for any services provided
13. The NDIS passenger agrees to allow the authorised support co-ordinator, the plan manager (if plan managed), Parent/carer access to Aerial Capital Group's booking portal to view, book taxis, and manage budgets on behalf of the NDIS passenger to assist with the NDIS passengers requirements.
14. The NDIS passenger agrees to allow Aerial Capital Group staff to discuss bookings with support co-ordinators, plan manager or parent/carer to assist with the NDIS passenger's needs.

Signature of Participant/ or nominee [if applicable]:	
Name:	
Date:	
Plan Manager Signature	
Plan Manager Name:	
Name:	
Date:	
Contact Number:	
Email Address	

Plan Manager's email address for access to the booking portal	
Support Co-ordinator's email address/s for access to the booking portal	
Parent/carer's email address for access to the booking portal	

Office use only

Account approved by:

Account Number:

Date: