



Participant Details

Name	
Address	
Phone Number	
Date of Birth	
Participant #	
Plan Commencement Date	
Plan End Date	
NDIS Funding	Self-Managed <input type="checkbox"/> Plan Managed <input type="checkbox"/>

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

Billing Details

Invoice to: (please tick one)	Participant <input type="checkbox"/>	Plan Manager <input type="checkbox"/>	Other <input type="checkbox"/>
	Other Please Specify:		
Name of the account			
Billing Organisation Name			
Billing Address			
Billing Address Contact Name			
Billing Phone Number			
Billing Address email			

A 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 Diners 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 errors 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 passenger’s 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 of Signature:	
Date:	
Plan Manager’s Signature (if Plan Managed)	
Plan Manager’s Name: (if applicable)	
Plan Manager’s email address for access to the booking portal (If applicable)	
Support Co-ordinator’s email address/s for access to the booking portal (If applicable)	
Parent/carer’s email address for access to the booking portal (If applicable)	