

## NDIS SERVICE AGREEMENT

### Participant Details

Name: \_\_\_\_\_ NDIS Participant # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### NDIA/Nominee Details (if applicable)

Name: \_\_\_\_\_ Provider Nominee \_\_\_\_\_ NDIA \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please provide details of transport and any special requirements**

### Payment Details:

PAYG

Invoice \_\_\_\_\_ (complete invoice details below)

Name of the account: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email \_\_\_\_\_

Password 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 letter.

Password:

## Agreement

1. Aerial Capital Group will review the Agreement after 12 months
2. All requests 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 to cancel the Agreement
12. If plan managed, the plan manager agrees to monitor the participants budget and pay Aerial Capital Group for any services provided

Signature of Participant/ or nominee [if applicable]:	
Date:	
Name:	
Signature on behalf of Plan Manager	
Date:	
Name:	
Contact Phone/Email:	

OFFICE USE ONLY

Account approved by:

Account Number:

Date: