

WORLD TRANS Non Emergency Transportation

Ambulatory-Wheelchair-Gurney

Account Contract Agreement

Name: _____

Purpose of Account _____

Type of Service _____

Contact Person: _____

Address: _____

City/State _____ Zip _____

Phone: _____ Fax: _____

Terms and Conditions of Service:

In an effort to provide our clients with excellent call response,

WORLD TRANS Requests our clients to observe the following terms and conditions.

1. Same day Service Calls shall be made no less than two (2) hour proceeding the intended Pickup time. WORLD TRANS shall not guarantee prompt pick-up for calls made less than two (2) hour prior to the intended pick-up time. Such calls will be honored based upon availability of vehicles for that day. For best availability we recommend at least 24 hrs advanced reservation, especially doctor's appointments. Pickups outside of normal hours of operations will be surcharged.
2. Cancellation of Service Calls: Clients must cancel service call no less than 24 hrs MONDAY—FRIDAY, and 48 hrs SATURDAY and SUNDAY. If the driver is en-route, or has arrived at the pickup location, the client is responsible for minimum No Load charge of \$40.00 or 50% of the trip on wheelchair , or \$150.00 or 50% of the trip on gurney.
3. Waiting Period: Clients will pay an additional surcharge if the client is delaying a driver for more than 20 minutes after his/her scheduled time of pickup.
4. Billing: The credit card will be charged on day of the service.
5. Payment: The client agrees to pay all collection costs and attorney's fees related to payment of the client's account.
6. Indemnity: WORLD TRANS shall maintain a comprehensive insurance policy on all its vehicles. The liability of WORLD TRANS for damage to client(s) body or property shall not exceed the amount Recoverable from such insurance.

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*This agreement shall be binding upon the party's successors and assigned personal representatives. This agreement shall be enforced under the laws of the State of California

Signature _____ **Date** _____

Print Name _____

CREDIT CARD AUTHORIZATION FORM

CUSTOMER _____

CREDIT CARD TYPE _____

EXPIRATION DATE _____ / _____

CREDIT CARD ACCT # _____

Security code / CVV (back of the card) _____

Billing Address _____

City _____ **Zip** _____

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.

I, _____ (please print) authorize **World Trans** to charge the above credit card for all transportation charges to my account.

Cardholder's Signature

You must include a copy of the above mentioned credit card – both front and back.

PLEASE FILL OUT & FAX THIS FORM (2 pages) ALONG WITH A PHYSICAL COPY OF THE ACTUAL CREDIT CARD (front and back) **FAX# 818-734-5969**