



# JNJ Services

## Transportation Vendor Information

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Cell: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

### SERVICES PROVIDED *(Check each that apply)*

Taxi, Limo, Other	Wheelchair Equipped Van	Stretcher Equipped Van	Basic Life Support	Advanced Life Support, Air Transport
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How far from your location would you travel to pick up a passenger?

10 Miles \_\_\_\_\_ 25 Mile \_\_\_\_\_ 50 Miles \_\_\_\_\_ 100 Miles \_\_\_\_\_ 200+Miles \_\_\_\_\_

Will you quote flat rates? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this a metered service? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you charge "Unloaded Miles"? Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, \$ \_\_\_\_\_/mile)

If a passenger can transfer from their wheelchair to your vehicle, can you accommodate a folding wheelchair? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your company employee Multi-Lingual Drivers? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list languages \_\_\_\_\_

SERVICES	PER LOAD	PER MILE	WAIT TIME	NO SHOW	MINIMUM (miles 1-way)
Regular - Taxi	N/A				
Wheelchair Van					
Stretcher / Gurney					
BLS					
ALS					
Air Transport					

Signature \_\_\_\_\_

Date \_\_\_\_\_

***\*All vendors are paid Net 30, from the date the invoice is received.***