



## Transportation Vendor Information & Rate Sheet

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

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

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

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


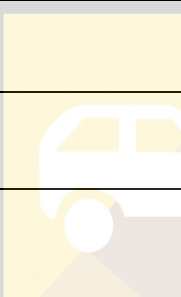
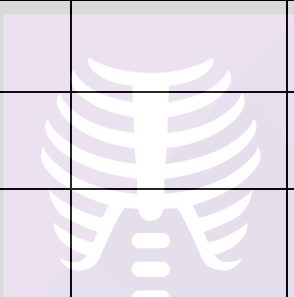
State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Taxi, Limo, Other <input type="checkbox"/>	Wheelchair Equipped Van <input type="checkbox"/>	Stretcher Equipped Van <input type="checkbox"/>	Basic Life Support <input type="checkbox"/>	Advanced Life Support, Air Transport <input type="checkbox"/>
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- How far from your location would you travel to pick up a passenger?  
10 Miles  25 Miles  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 employ Multi-Lingual Drivers? Yes  No   
If yes, please list languages: \_\_\_\_\_
- Do you do background checks on your drivers? Yes  No  (If yes, please include)
- Do you do drug screening? Yes  No  (If yes, please include)
- Do you pull MVRs on your drivers? Yes  No  (If yes, please include)
- Do you do regular scheduled maintenance checks on your vehicles and/or do you rely on the car's system to advise you when maintenance is required? Yes  No
- Would you be able to provide pictures of your fleet? Yes  No

SERVICES	PER LOAD	PER MILE	WAIT TIME	NO SHOW	MINIMUM (Miles 1-way)
Ambulatory / Unassisted					
Wheelchair Van					
Stretcher / Gurney					
BLS					
ALS					
Air Transport					

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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