



COMPANY INFORMATION FORM

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**REGISTRATION FORM
PLEASE PRINT OR TYPE**

OFFICAL BUSINESS NAME: _____

OWNER OR MANAGER: _____

TITLE: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

BILLING/MAILING ADD: _____

CITY, STATE, ZIP: _____

BUSINESS PHONE: _____

CONTACT SECURE FAX: _____

FOR CONFIDENTIAL INFORMATION

FIRST CONTACT NAME: _____

Will receive drug screen results

PHONE: _____

EMAIL: _____

ACCESS REQUESTED: Add/Edit Employees Review Results Schedule Tests

