

ExperTox, Inc. is pleased to include your Company as an approved collection site to meet the needs of our customers. Please complete the form below as part of our Service Agreement between ExperTox, Inc. and your Company.

Facility Name: _____
 (PLEASE PROVIDE COMPLETE LEGAL NAME)

Facility Address: _____

County: _____ City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____ Cell: () _____

Facility Web Site and E-mail Address: _____

Contact(s): Include full name, title, and e-mail address.

Primary Contact: _____ e-mail: _____

Alternate Contact: _____ e-mail: _____

Facility Hours of Operation: M-F _____ Sat. _____ Sun. _____

Services Provided: Please check (√) services provided by your site and list your price per person/service:

	<u>Price</u>		<u>Price</u>
<input type="checkbox"/> Non-DOT Collections	_____	<input type="checkbox"/> DOT Collections	_____
<input type="checkbox"/> Breath Alcohol Testing	_____	<input type="checkbox"/> Instant Test /Oral Fluid[Saliva Alcohol]	_____
<input type="checkbox"/> Breath Alcohol Confirmation	_____	<input type="checkbox"/> PFT Testing	_____
<input type="checkbox"/> On-Site/Mobile Collections	_____	<input type="checkbox"/> Respirator Testing	_____
<input type="checkbox"/> Nail Collections	_____	<input type="checkbox"/> Hair Collections	_____
<input type="checkbox"/> Non-DOT Physicals	_____	<input type="checkbox"/> DOT Physicals	_____
<input type="checkbox"/> Walk-In Services (Y/N)	_____	<input type="checkbox"/> Appointment Only Services (Y/N)	_____
<input type="checkbox"/> Venipuncture (Blood)	_____	<input type="checkbox"/> Fit Testing	_____
<input type="checkbox"/> Spirometry Testing	_____	<input type="checkbox"/> Lab Based Oral Swab Collections	_____
<input type="checkbox"/> Audiometric Testing	_____	<input type="checkbox"/> Other Services _____	_____

Methods of payment accepted (check all that apply):

Cash Check Money Order Credit Card (cards accepted) _____

After Hours/Emergency/Urgent Care Contact Information:

Telephone: () _____ Contact _____

Procedure: _____

Additional Information You Would Like Us to Know:

