



FORENSIC

DRUG TESTING SERVICES, Inc.

73-700 Dinah Shore, B206, Palm Desert, CA 92211

* This submission replaces all previous submissions

CREDIT CARD AUTO-PAY ENROLLMENT FORM

COMPANY NAME:



NAME PRINTED ON CARD:

CARD NUMBER:

Exp: Code: ZIP

eCHECK AUTO-PAY ENROLLMENT FORM



COMPANY NAME:

ACCOUNT NAME:

ACCOUNT #:

ROUTING#:

I hereby authorize FORENSIC Drug Testing Services, Inc (DBA: CAL-TEST) to debt my account(s) listed above, for all current and future Invoices assigned to my personal & business account. This auto-pay authorization shall expire in 60 month, or when canceled in writing by either party. Returned checks/charges will incur a \$59.00 fee.

Account Holder's PRINTED NAME

ACCOUNT HOLDER'S Signature

Agreement Date

PLEASE COMPLETE, SIGN & RETURN TO: BILLING@FDTSI.COM

Thank you !