CLEAR FORM

# FORENSIC
DRUG TESTING SERVICES, Inc.

(760) 770-6068
73700 Dinah Shore Drive, B206, Palm Desert, CA 92211
www.fdtsi.com

## CLIENT UPDATE - STANDING ORDER - AUTO-PAY FORM

| | | | |
|---|---|---|---|
| **COMPANY NAME:** | | **Main Phone:** | |
| **Physical Address:** | | **Secured Fax:** | |
| **Mailing/Billing Address:** | | **Web Site:** | |
| **Billing Contact:** | | **E-Mail:** | |
| **Company President/Owner:** | | **E-Mail:** | |
| **Company D.E.R.** *(Primary):* | | **E-Mail:** | |
| **D.E.R. Direct Phone:** | | **Cell:** | |
| **Company D.E.R.** *(Alternate):* | | **E-Mail:** | |
| **D.E.R. Alt Direct Phone:** | | **Cell:** | |

**TEST PANEL** *(Default):* ☐ **DOT** *(W215)* ☐ **Non-DOT** *(3003 w/THC Saliva)* ☐ **State** *(30C7)*

**Standing Order** *(Saliva):* ☐ *Never-Only Urine* ☐ *Urine First-Saliva Instead of Shy review* ☐ *SALIVA Always*

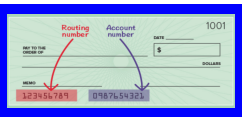
**SPECIAL INSTRUCTIONS:**

## Auto-Pay Option 1: Credit/Debit Card

VISA AMERICAN EXPRESS DISCOVER NETWORK MasterCard

| | | | |
|---|---|---|---|
| **Name Printed on Card:** | | **Expires:** | |
| **Card Number:** | | **CVV:** | |
| **Billing Address:** | | **ZIP:** | |

## Auto-Pay Option 2: ACH Checking Account




| | | | |
|---|---|---|---|
| **ACCOUNT HOLDER'S Name:** | | **Name of Bank:** | |
| **ROUTING Number:** | | **ACCOUNT #:** | |

**PLEASE, COMPLETE ENTIRE FORM - E-MAIL TO: kevin@fdtsi.com....Thank you**