



BILLING AGREEMENT

FAX TO 870-672-0914

COMPANY INFORMATION PLEASE PRINT ALL INFORMATION	
Company Name:	
Billing address:	
Company email address:	
Phone:	Contact person:
Fax:	Secure Fax: (if Different)
PLEASE MARK THE SERVICE(S) YOUR COMPANY IS WANTING.	
DOT PHYSICAL ONLY	\$ 100
DOT PHYSICAL WITH URINE DRUG COLLECTION ONLY (YOU SUPPLY MRO)	\$ 120
DOT PHYSICAL WITH URINE DRUG COLLECTION USING OUR MRO	\$ 145
RANDOM IN HOUSE URINE DRUG SCREEN	\$ 30
URINE DRUG SCREEN USING OUR MRO	\$ 45
URINE DRUG SCREEN COLLECTION ONLY (YOU SUPPLY MRO)	\$ 20
POST ACCIDENT PHYSICAL ONLY	\$ 80
POST ACCIDENT URINE DRUG SCREEN USING OUR MRO	\$ 45
POST ACCIDENT URINE DRUG COLLECTION ONLY (YOU SUPPLY MRO)	\$ 20
PRE-EMPLOYMENT PHYSICAL ONLY	\$ 80
PRE-EMPLOYMENT URINE DRUG SCREEN COLLECTION ONLY (YOU SUPPLY MRO)	\$ 20
PRE-EMPLOYMENT URINE DRUG SCREEN COLLECTION USING OUR MRO	\$ 45

CREDIT AGREEMENT

Upon receiving a signed copy of this form, your account will be set up with our billing company Experity. Payment is required 30 days from the statement date. Accounts 90 days overdue will be frozen and no further physicals or collections will be performed until the account balance is paid in full. By signing below, you agree to the terms and prices above.

Company Rep Signature

Date