



Drug Screening New Account Application



Instructions: Complete the general information and signature section of this application. Completed applications may be faxed to QTS Payroll Services at (888) 258-9616

General Information

Company Name: _____	Date: _____
QTS Company Code: _____	
Do you have any other company names or dba? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list (Attach sheet with additional names): _____	
Physical Street Address (No PO Box Numbers, please): _____	
City: _____	State: _____ Zip: _____ How long? _____

Appropriate Use / Permissible Purpose

Please indicate all that apply by checking the appropriate boxes below.

Pre-employment drug screening.

Post-employment random drug testing program.

Post-employment reoccurring drug testing program.

We currently use QTS Background Screening Services and would like to receive drug screening results on-line.

Trade Reference

Company Name: QTS Payroll Services, Inc.
Contact : Jim Ritter Phone: (800) 586-0549 Ext. 236, Rick Eddins (800)586-0549 Ext. 226
Street Address: 8170 W. Sahara Ave. Suite 100, Las Vegas Nevada 83117

I certify that I will use Lab Express product information for no other purpose than what is stated in the **Appropriate Use/Permissible Purpose Section** of this Application and for the type of business and company listed on this Application. I understand that if screening results are used improperly by company personnel, or if information is made available to unauthorized personnel due to carelessness on the part of any employee of my company, I may be held responsible for financial losses, fees, or monetary charges that may be incurred and that Lab Express or QTS Payroll Services, Inc. may terminate the information/services offered to my company.

I certify that I have read the above statements and all information provided is accurate.

Company Name

Date

Print Name of Owner or Officer

Title

X _____
Signature

Phone and Fax Numbers