



No Drugs, Inc
Phone: 1-800-490-DRUG(3784)
 FAX: 510-661-9955

Drug and Alcohol Testing Service Agreement

Company Name: _____ **Type of Company:** _____
 (Corp, Partnership, Sole Proprietor, etc.)

Regulatory Agency: _____ **File #** _____
 (DOT, FTA, TAXI, PUC, etc.)

Tax ID Number or SSN#: _____

Company Owner(s): 1. _____ 2. _____

Company Contact(s): 1. _____ 2. _____

Physical Address:

Address	City	State	Zip
Mailing Address: (if different)			

Address	City	State	Zip
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Main Phone Number: _____ **Alt Phone Number:** _____

Fax Number: _____ **E Mail Address:** _____

Contracting Company(s) (if applicable):

1. _____ Phone: _____ Fax: _____

2. _____ Phone: _____ Fax: _____

This is an agreement between _____ (company) and No Drugs, Inc for drug testing services pursuant to Federal, State, and Local Laws and regulations and/or pursuant to company or contract substance abuse policy and procedures.

No Drugs, Inc, a third party administrator and _____ have both agreed that No Drugs, Inc will provide substance abuse services including but not limited to maintaining agreements with Department of Health & Human Services certified laboratories, a certified Medical Review Officer, certified Substance Abuse Professionals, and drug and alcohol test collection sites.

As an owner or authorized signature of the above mentioned company, I hereby state that all the information above is true to the best of my knowledge. In the event that No Drugs, Inc brings action to enforce any outstanding bills then the prevailing party shall be entitled to reasonable attorney fees.

_____	_____	_____
Signature	Title	Date

3225 Seldon Ct
 Fremont, CA 94539

827 Arnold Dr #70
 Martinez CA 94553

2559 Lakeshore Blvd #4
 Lakeport, CA 95453

Please Visit us at www.nodrugsinc.com