



Account Set-Up Information Request

Company Contact Information

Company Name _____
Testing Contact or DER _____
Address _____ Ste _____
City _____ State _____ Zip _____
Phone (_____) _____ Fax (_____) _____
Email _____

Billing / Accounts Payable Information

Contact Name _____
AP Phone (_____) _____ AP Email _____

Available Services: Please check all services you are interested in

- 5 Panel Instant Test
- 5 Panel w/ Confirmation
- 12 Panel Instant Test
- 12 Panel w/ Confirmation
- Breath Alcohol Test
- ETG Urine Alcohol Instant Test
- Urine Collection (for lab testing)
- Collection With Observation
- Hair Collection (for lab testing)
- 5 Panel Hair Follicle Drug Test
- 10 Panel Hair Follicle Drug Test

If interested in mobile/onsite services – Please complete the Mobile/Onsite Form.

Email completed form to renee@vmsdrugtesting.com or fax to 406-257-3264.

You will receive a reply with pricing information as soon as possible.

You can begin sending your employees immediately.