



## New Client Setup/Change Information

\_\_\_ New Information      \_\_\_ Change of Information

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1st Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

DOT \_\_\_ Non-Dot \_\_\_ MRO All \_\_\_ MRO Positive Only (Non-Dot) \_\_\_

### Results delivery via:

Email \_\_\_ Secured Fax \_\_\_ Phone/Mail \_\_\_ Phone/Fax \_\_\_ Mail Only \_\_\_

Number of employees for random pool \_\_\_\_\_ (please attach employee list)

**IF Non-Dot:** Percentages: Drug: \_\_\_ Alcohol: \_\_\_ Frequency: Quarterly or Monthly

### Random list delivery via:

Email \_\_\_ Secured Fax \_\_\_ Mail \_\_\_\_\_

Comments: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Phone: \_\_\_\_\_

Center Location: \_\_\_\_\_

**Fax to ASTS at 616-534-5545**

**This is the only New Client Set-Up Form that will be accepted. If any other form is sent it will be returned with this form attached for you to fill out and send back. Thank you.**