



...same day results

Please complete this form and
Fax to (805)349-0811 or email:
mayra@stardrugtesting.com

Contact and Address Update Form

Company Name:		
Address:		
Billing Address (if different):		
Phone#:() -	Fax: () -	Email:
Designated Employer Representative (Contact for results reporting/questions of Drug & Alcohol Tests)		
#1—Name & Phone #	#2 Name & Phone # (optional)	#3 Name & Phone # (optional)
() -	() -	() -
How would you like your results reported?		
<input type="checkbox"/> FAX - Is it a Secure FAX Line? <input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/> WEB/Email Option: requires your login to (www.myescreen.com website)		
<input type="checkbox"/> Auto Voice Response (AVR) <input type="checkbox"/> Mail		
To have your invoicing via e-Mail, check here <input type="checkbox"/> and show your Email address below:		