



Providing Investigative  
Services to a World in Doubt.

**Corporate Office:** 1677 Diagonal Rd., Akron, OH 44320  
P) 330.253.1288 F) 330.253.6335

**Twinsburg Office:** 9005 Darrow Rd. #3, Twinsburg, OH 44087  
P) 330.963.6674 F) 330.963.6674

## Client Services and Agreement Form

<b>Name of Company</b>			<b>Contact Person</b>		
<b>Company Address</b>			<b>Contact Person Phone</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Contact Person Email</b>		
<b>Company Phone Number</b>			<b>Alternate Contact Name</b>		
<b>Billing Contact Information</b>			<b>Alternate Contact Phone Number</b>		
<b>Card On File</b>		<b>Exp. Date</b>	<b>CCV</b>	<b>Zip</b>	
<i>We agree to perform services for you and bill on a bi-weekly. You agree to pay all invoices timely. A \$25 late fee for payments received 5-days beyond due date. Please check box next to services requested.</i>					

BCI \_\_\_\_\_ FBI \_\_\_\_\_ BFBI \_\_\_\_\_ Rapid Result 5 Panel \_\_\_\_\_ Rapid Result 12 Panel \_\_\_\_\_

NON-DOT Drug Test \_\_\_\_\_ DOT Drug Test \_\_\_\_\_ Alcohol Test \_\_\_\_\_ DOT Alcohol Test \_\_\_\_\_

Nicotine Test \_\_\_\_\_ Physical Exam \_\_\_\_\_ DOT Physical Exam \_\_\_\_\_ BMV Driver History \_\_\_\_\_

TB Test Step 1 \_\_\_\_\_ TB Step 2 \_\_\_\_\_ CPR \_\_\_\_\_ First Aid \_\_\_\_\_ AED \_\_\_\_\_ Notary \_\_\_\_\_

List any Special Instructions below \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of T.R. Fields & Associates Representative** **Date**

\_\_\_\_\_  
**Signature of Company / Client Representative** **Date**

\*You may put a card on file or send payment to the Corporate Office\*