



**Conspire!**<sup>TM</sup>  
before you hire

Conspire! of El Paso  
11500 Pellicano, Suite A-9  
El Paso, TX 79936  
(915) 209-3320 Phone  
(915) 945-9770 Fax

**COMPANY INFORMATION SHEET**

Date \_\_\_\_\_ Information provided by \_\_\_\_\_  
Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Secure Fax # \_\_\_\_\_ # of Employees \_\_\_\_\_  
Company Hours \_\_\_\_\_ Modified Work Available? Yes \_\_\_\_\_ No \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

**DESIGNATED EMPLOYER REPRESENTATIVE (DER)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

**Please Note: All test results will be sent to you via e-mail unless otherwise specified**

Secondary Name \_\_\_\_\_ Title \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

Please do NOT e-mail results. Send via secure fax to: \_\_\_\_\_

**BILLING INFORMATION**

Company Name (if different) \_\_\_\_\_ ATTN: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

O.k. to send invoices via e-mail? YES \_\_\_ NO \_\_\_ Email: \_\_\_\_\_

Payment available by EFT? YES \_\_\_ NO \_\_\_ Would you prefer to keep a Credit Card on file  
with Conspire for payment? YES \_\_\_ NO \_\_\_ Is a W-9 required for payment? YES \_\_\_ NO \_\_\_

**POST ACCIDENT DRUG SCREEN:** YES \_\_\_\_\_ NO \_\_\_\_\_

QUICK KIT: YES \_\_\_\_\_ NO \_\_\_\_\_ COLLECTION ONLY: YES \_\_\_\_\_ NO \_\_\_\_\_

POST ACCIDENT BAT: YES \_\_\_\_\_ NO \_\_\_\_\_ LAB SERVICES: YES \_\_\_\_\_ NO \_\_\_\_\_

**PRE-EMPLOYMENT DRUG SCREENS:**

YES \_\_\_\_\_ NO \_\_\_\_\_ QUICK KIT: YES \_\_\_\_\_ NO \_\_\_\_\_

COLLECTION ONLY: YES \_\_\_\_\_ NO \_\_\_\_\_ Breath Alcohol Test: YES \_\_\_\_\_ NO \_\_\_\_\_

