



4711 N. Brady St., Suite 3-S  
Davenport, IA 52806  
563-326-5855 ph  
563-326-4254 fax  
alltest@alltestinc.com



## COMPANY REGISTRATION FORM

### Company Information

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address:  Same or: \_\_\_\_\_

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

Secure Fax or  Non – Secure Fax (check one) \_\_\_\_\_

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

Email: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

2nd Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

### Send Invoice To:

Email address listed above: (Alltest, Inc. preferred method) or \_\_\_\_\_

Fax number listed above: or \_\_\_\_\_

Above Address: or \_\_\_\_\_

### Reporting Information: (Check one preferred method to report DOT long form and DOT medical certificate)

Secure Fax (above #)  Email  Mail only  \_\_\_\_\_ and \_\_\_\_\_

**Please fax or email completed form to 563-326-4254 or alltest@alltestinc.com**