Quality Physicals LLC
612-227-2746

2414 E 117th St.
Burnsville, MN 55337

Company Invoice Agreement

Email back to info@qualityphysicals.com

1. Company shall pay fees according to the current fee schedule.
2. Company is responsible to pay Quality Physicals LLC directly for testing fees regardless of the payment arrangements made between the Company and driver/employee.
3. All NSF check returns will be subject to an $80 handling fee.
4. Company agrees to promptly pay all invoices or will be subject to a credit hold and penalty late fee to accrue per month starting 60 days after Quality Physicals LLC billing date. Company's information will be sent to a collections agency for payment at which time the Company is responsible for all collections fees applied by the collection agency and legal fees incurred.
5. Credit Card Charges by Internet & Phone:
A 3% credit card fee will be assessed for all credit card payments, unless otherwise noted.
Payment on-line and by phone with credit card may be accepted, but the client agrees not to dispute any non-fraudulent charges once Quality Physicals LLC products or services have been received. If payment is disputed without cause, the client will be dropped permanently from our program and sent immediately to collections if the dispute is not resolved to the satisfaction of both parties.
6. Signed agreement is due before account is active.
7. Listed fees are subject to change. Written notice will be given for any rate changes.
8. Fee Schedule is listed online at www.qualityphysicals.com under Services.

Company Information

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Credit Card Authorization

For account pre-authorization purposes. By providing the card information below, you authorize Quality Physicals LLC to charge this card according to the fee schedule and terms of this Agreement.

Name on Card: _____

Card Number: _____

Exp. Date: _____ CVC: _____

This Agreement shall be governed in all respects by state law, where applicable. As the designated Representative of the Company, I hereby agree to the terms of this Agreement and further acknowledge that I/we must participate with every aspect of this Agreement. I/we do recognize that Quality Physicals LLC has the right to terminate our enrollment as a participant should I/we fail to abide by the terms set forth in this Agreement.

_____ _____
Authorized Company Signature Title

_____ _____
Printed Name Date