

Request for Information Form Please fill out
 form and email to info@nssr.ca

Company Name:	
Company Mailing Address:	
On Site Supervisor:	

Manager able to receive test results. (usually HR)

Name:	
Phone number:	
Email:	

Accounts Payable Employee we send invoices & receipts

Name:	
Phone number:	
Email:	

HR employee/manager for an active employee list.

We require this information only if you are a contractor included in the random pool.

Name:	
Phone number:	
Email:	

Drug & Alcohol Program Administrator NorthStream Safety & Rehab

If you have any questions please email info@nssr.ca

Please note credit card payments will have a 3% surcharge. All accounts that remain unpaid after 30 days will automatically be billed to the credit card on file with 3% surcharge added. Any accounts remaining unpaid after 30 days will be subject to interest charges of 2% per month.

Tell us how you heard about NorthStream Safety & Rehab

Trade show/Event

Billboard

From another client

Who referred you: _____

LinkedIn

Internet search

Advertisement

Other: _____