



Attn: Golden Pass

Professional Services Agreement Contractor

Instructions: Complete and return this agreement to Veriforce by fax at 281-715-5780 or email to billing@veriforce.com. Please note **ALL** pages must be initialed and returned to Veriforce. You will receive email confirmation once the agreement has been processed. This will include your database login information. If you have any questions, please contact Veriforce at 800-426-1604 or customerservice@veriforce.com.

- Option 1:** Check here if you have never executed a Professional Services Agreement with Veriforce. Please complete this agreement, checking any boxes for additional "Elective Services" in Exhibit A. Execute and submit to Veriforce with a check payable to Veriforce, or, to pay by either e-check or credit card, return the Payment Authorization Form for the total amount due. **Fee required.**
- Option 2:** Check here if you have never executed a Professional Services Agreement with Veriforce and will **ONLY** be using Drug and Alcohol services. Please complete this agreement, execute and return to Veriforce. **No Fee required.**
- Option 3:** Check here if you have previously signed a Drug and Alcohol Professional Services Agreement and now need other services. Please complete this agreement, checking any boxes for additional "Elective Services" in Exhibit A. Execute and submit to Veriforce with a check payable to Veriforce, or call to authorize a credit card payment for the total amount due at the bottom of Exhibit A. **Fee required.**
- Option 4:** Check here if your account has previously been canceled and you are now re-establishing service. Please complete this agreement, checking any boxes for additional "Elective Services" in Exhibit A. Execute and submit to Veriforce with a check payable to Veriforce, or, to pay by either e-check or credit card, return the Payment Authorization Form for the total amount due. **Fee required.**

This Professional Services Agreement, together with its attached "Exhibit A" and "Exhibit B" ("Agreement"), is entered into by and between Contractor, as further described below, and Veriforce, collectively referred to as the "Parties" and sometimes individually referred to as "Party." It shall be in effect as of the Effective Date and continue in effect until terminated as provided herein.

Contractor Company Name (Legal and D/B/A where applicable):

Veriforce: Veriforce, LLC - a New Mexico limited liability company

Veriforce Address for Notice:

Address: 19221 I-45 South, Suite 200 ▪ Shenandoah, TX, 77385
 Phone: 800-426-1604
 Fax: 281-715-5780
 E-Mail: billing@veriforce.com

For Internal Use Only		
Effective Date/Initiation Fee Received:		
GP ID:		
VeriSource Account:	User ID:	Password:



Payment Authorization Form

Email to Billing@Veriforce.com or Fax to 281-715-5780

**Jefferson County businesses:
Leave page blank**
**All other businesses:
Provide billing information**

Electronic Check (for U.S. Based accounts only):

I, _____ authorize Veriforce LLC to charge my bank account listed below for the amount of \$ _____ for _____ (description of service) on _____ (today's date).

My account information is as follows:

Customer's Name (as it appears on bank account): _____

Bank Name: _____

Bank Account Type (check one): Checking, Savings, Business Checking

9 digit Bank Routing Number: _____

Bank Account Number: _____



Customer Name Printed _____

Customer Signature _____ Date _____

Email address for receipt _____

Credit Cards:

Card Number _____ Exp Date: ____/____

Cardholder Information:

First Name: _____ Last Name: _____

Card Billing Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Total to Charge \$ _____

Signature _____

Email address for receipt _____