Exhibit B

Construction Data Services

AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

THE PIPE FITTING COUNCIL OF GREATER CHICAGO
SUBSTANCE ABUSE TESTING AND TREATMENT PROGRAM POLICY
EMPLOYER REGISTRATION

Employer Legal Name _____

Street Address _____
NO PO BOX

City _____ State _____ Zip _____

Phone Number ( ) _____ Fax ( ) _____

E-mail Address: _____

COMMUNICATORS

Please designate one (1) Primary and at least one (1) Alternate communicator. Your communicators will be the only persons from within your organization that will be able to request, receive and/or discuss test result information.
I hereby authorize ☐ remove ☐ the following communicators:

The following person is designated as our **PRIMARY** communicator:

_____

The following person is designated as our **ALTERNATE** communicator:

_____

This agreement by and between CONSTRUCTION DATA SERVICES (CDS) and the above listed COMPANY consists of the following understandings and conditions: COMPANY designates CDS to act as its agent as it applies to the services provided by CDS. COMPANY understands that information is to be requested or accessed only by its designated personnel (COMMUNICATORS), and solely for business purposes falling within the scope of their official duties. COMPANY has instructed each of its Communicators that all testing information is to be kept completely confidential and to be used solely for business purposes.

COMPANY agrees to pay CDS for each test or other service ordered from CDS, in accordance with CDS' Drug and Alcohol Test Fee Schedule. CDS will bill weekly for all tests performed during the prior week. COMPANY agrees to pay all invoices within thirty (30) days after the invoice date, without regard to reimbursement from any fund. For any invoice not paid within thirty (30) days of the invoice date, CDS will add, and COMPANY agrees to pay, a SERVICE CHARGE of 1 ½ % per month. COMPANY agrees to pay CDS' reasonable attorney's fees and costs incurred in the collection of any unpaid invoices, and consents to suit in state court in Chicago, IL. CDS reserves the right to suspend or terminate services to COMPANY should any invoice remain unpaid for more than 45 days.

_____	_____	_____
Signature of Company Official	**Title**	**Date**

For CDS use only

Received _____ Client # _____

Please Fax To: 314-645-6767 or 866-645-6767