



MEDTOX Account Setup Form

Fax to: Joe Huffer
866 670-6309

Account information

Location name: _____

Address: _____

Phone #: _____

Fax #: _____

Contact: _____

Billing information (If different from above)

Location name: _____

Address: _____

Phone #: _____

Fax #: _____

Contact: _____

Number of kits: _____

Please feel free to contact me with any questions: jhuffer@medtox.com

Joe Huffer
402 W County Road D
St. Paul, MN 55112
877 725-7241