Hazmat Service™, Inc. Subscription Form

Company Name: _____

Mailing Address: _____

_____

Office Phone: _____ E-Mail for Renewal Billing:_____

_____

Affiliate / Branch Locations: # of locations _____ (Different shipping name or address & company contacts from the parent company used for Haz-Mat shipments with this selection). Submit a separate subscription form for each affiliate.
All charges will be included with parent companies bill. See Services Requested Section Below

Company Contacts:

Name: _____ Phone _____
After Working Hours

1)_____ Phone _____

2)_____ Phone _____
Service Requested (check all that apply):
_____800# Svc. ($285.00 with <30 SDSs submitted)_____800# Svc. ($495.00 with <150 SDSs sheets submitted)____ Affiliate Service Locations (request quote) _____1 Time Svc.<21 Days in Transit ($95.00) _____ 1 Time Svc Freight Forwarders >5/month (request quote) _____ Expedited 1hr Subscription Turn-Around ($75.00) _____ GHS / REACH Reformat ($475.00) _____ MSDS / SDS Translation ($395.00) _____MSDS on Request™ / 800# on exterior packaging for consumer usage (Tier pricing / request quote). ____# of Hours of Consulting Svc. - Cleanup Contractor Referral ($35.00/hr)
Transferring from another Emergency Response Provider (ERP): Months of contract remaining will be credited to new subscription with Hazmat Service.
ERP Name: _____ Contract Expiration Date: _____
Important: Please return this completed form with all MSDS sheets via fax: 1-866-596-1239 / email: **msds@hazmatservice.com** / website address with files or send CD/DVD, USB drive or hard copies to:
Hazmat Service™, Inc.
777 Brickell Ave #500-9477
Miami, FL 33131

Reminder: It is the subscriber's responsibility to notify / forward all updates or new SDS - MSDS sheets to Hazmat Service, Inc.

Sign_____ Date:_____

Registration for emergency 800# service will remain in effect unless written notification of cancellation is received by Hazmat Service prior to the recurring yearly date of subscription to services. Upon subscription or renewal there will be no pro-rated billing.

Hazmat Service™, Inc. Payment Form

Method of Payment:

_____ Invoice / Bill Sent Via Email

_____ Credit Card 

Name of Cardholder: _____

Card Number: _____

Expiration Date: _____/_____ CVV/Security Number: _____

Cardholders billing zip code: _____

Authorized Amount: _____

Signature: _____

Email for receipt delivery: _____

Referral Provided: _____ Promo Code:_____

777 Brickell Ave #500-9477 Miami, FL 33131 · Phone: 888-932-9994 · Fax: 866-596-1239