



K&S Associates, Inc.
 1926 Elm Tree Drive
 Nashville, Tennessee 37210-3718
 800-522-2325 Fax 615-871-0856

BILLING AND SHIPPING FORM

Facility _____ Phone _____

City/State _____ Fax _____

To prevent delays after calibration, please provide sufficient billing information:

purchase order (copy if possible) or number _____
 or credit card # _____, exp date _____
 or other, specify _____

Please indicate return shipping method below:

- | | |
|--|---|
| <input type="checkbox"/> FedEx (next day by 8:30am) | <input type="checkbox"/> UPS (next day by 8:30am) |
| <input type="checkbox"/> FedEx (next day by 10:30am) | <input type="checkbox"/> UPS (next day 10:30-12:00pm) |
| <input type="checkbox"/> FedEx (next day afternoon) | <input type="checkbox"/> UPS (next day by 3:00 pm) |
| <input type="checkbox"/> FedEx (2 nd day by 4:30pm) | <input type="checkbox"/> UPS (2 nd day by 12:00pm) |
| <input type="checkbox"/> FedEx (3rd day) | <input type="checkbox"/> UPS (2 nd day by 5:00pm)) |
| <input type="checkbox"/> FedEx Saturday delivery | <input type="checkbox"/> UPS (3 rd day) |
| <input type="checkbox"/> FedEx Ground | <input type="checkbox"/> UPS Saturday delivery |
| | <input type="checkbox"/> UPS Ground |

Other method,specify _____

Provide your shipper account number _____

Specify amount of INSURANCE or shipment will be insured for FULL REPLACEMENT VALUE

Please provide billing address:

Please provide shipping address:

PLEASE PROVIDE APPROPRIATE EMAIL ADDRESS BELOW:

Printed Name _____

Signature _____