



K&S Associates, Inc.

1926 Elm Tree Drive
Nashville, Tennessee 37210-3718
800-522-2325 Fax 615-871-0856

BILLING AND RETURN FORM

K&S RMA# _____

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 (3 rd 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 _____

- K&S will return customer orders via the same carrier and delivery time that the order was first shipped to K&S unless the customer gives different shipping instructions ahead of time.

Provide your shipper account number _____

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

Insurance = Full Value? _____ None? _____ Other Amount \$? _____

Please provide billing address:

Please provide shipping address:

Residential Address? Yes ___ No ___

CONFIRMATION OF RECEIPT E-MAIL/FAX REQUESTED? ___ YES ___ NO

SHIPPING NOTIFICATION E-MAIL/FAX REQUESTED? ___ YES ___ NO

e-mail address: _____ Fax # _____

Printed Name _____

Signature _____