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_____, CRV code_____

or other, specify_____

Please indicate return shipping method below:

____FedEx (next day by 8:30am)   ____UPS (next day by 8:30am)
____FedEx (next day by 10:30am)   ____UPS (next day 10:30-12:00pm)
____FedEx (next day afternoon)   ____UPS (next day by 3:00 pm)
____FedEx (2nd day by 4:30pm)   ____UPS (2nd day by 12:00pm)
____FedEx (3rd day)   ____UPS (2nd day by 5:00pm))
____FedEx Saturday delivery   ____UPS (3rd day)
____FedEx Ground   ____UPS Saturday delivery
                                         ____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_____

email: info@kslab.com   web: http://www.kslab.com

June 6th 2019