## Return & Billing Form

K&S RMA# if known_____

Facility_____Phone_____

CIty/State_____E-mail_____

**To prevent delays <u>after</u> 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  (2$^{nd}$ day by 4:30pm) | ____UPS (2$^{nd}$ day by 12:00pm) |
| ____FedEx  (3rd day) | ____UPS (2$^{nd}$ day by 5:00pm)) |
| ____FedEx Saturday delivery | ____UPS (3$^{rd}$ 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 <u>unless</u> the customer gives different shipping instructions ahead of time.**

**Provide your shipper account number** _____

*Specify amount of <mark>Insurance</mark> or <u>shipment will be insured for</u> <mark>FULL REPLACEMENT VALUE</mark>*

*Insurance = Full Value (Y/N)_____  None (Y/N)_____  Other Amount $ _____*

**Please provide <u>billing address</u>:**

**Please provide <u>shipping address</u>:**
      **Residential Address (Y/N) _____**

_____      _____
_____      _____
_____      _____
_____      _____
_____      _____

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

**SHIPPING NOTIFICATION E-MAIL/FAX REQUESTED? ____ YES ____ NO**

**E-mail address: _____  Fax # _____**

    Printed Name_____

    Signature_____