



K&S Associates, Inc

1926 Elm Tree Drive
Nashville, Tennessee 37210-3718

Website - www.kslab.com
800-522-2325 or ksinfo@kslab.com

"A Medical, Health and
Radiation Safety Physics
Consulting Group and an
Accredited ADCL Calibration
Laboratory!"

Customer Credit Card Payment Form

Form: 1/14/25

Company / Facility Name : _____

Physical address for shipments : _____ **Dept :** _____

Bill to address on Credit Card : _____

Card Number : _____ **Expiration Date :** _____

** Cards accepted : Visa, Mastercard, Amex

Security Code on Credit Card : _____

Person's name as it appears on Credit Card: _____

K&S Payment Terms : * First time customers are required to prepay for orders via Credit Card, Check or ACH Payment.
Once credit history is established, K&S's normal payment terms are Net payment within 30 days of Invoice Date

Invoice Customer via: **Mail** **Fax** **E-Mail :** _____

Customer Accounts Payable Contact

Name : _____

Phone number : _____

E-Mail : _____

**Please contact Donna or Shannon
at 615-883-9760 in K&S Accounting
with any questions, or via email:
dgregory@kslab.com and/or sobrien@kslab.com*

"Thank you for your business!"

Would you like us to keep this information on file for future orders ? _____
