



**K&S Associates, Inc**

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

Form: 4/10/26

## Customer Credit Card Payment Form

**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 KS& Accounting  
at 615-883-9760 or via email at  
[accounting@kslab.com](mailto:accounting@kslab.com) if needed.

" Thank you for your business!"

**Would you like us to keep this information on file for future orders ?** \_\_\_\_\_

\_\_\_\_\_