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: 4/12/26

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 K&S Accounting at 615-883-9760 or via email at accounting@kslab.com if needed.

Thank you for your business!

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