



INFORMATION ORDER SHEET

Fill out and join to your material

Company/Practice _____

First name _____ Last Name _____

Address 1 _____ Address 2 _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Material

Filings Gold scrap Dental Gold/scrap Sweepings/polish Other

Analyses Gold Silver Platin Palladium

Payment

Cash Postal Order Name _____

Check Name _____

PayPal Email _____

Re-fined gold 24kt Comment _____

Bank Wire Routing Number (9 digits) _____

Account Number _____

Bank Name, Branch location _____

Legal Name of the account _____

Donation for non-profit organizations Name/Address of the organization _____

I declare on honor that I am over 18 years old and that I am a legal resident of the Unites States. Further I state that I agree with the Terms and Conditions of the service and that the send materials are my property

Date _____ Signature _____ Date of Birth _____