

CONTACT INFORMATION

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Please include your email address so we can send you an electronic confirmation once we've received your shipment.

Email Address: _____

YOUR SHIPMENT

I have shipped to you the following:

Dental Scrap Grinding Amalgam Other Material

Please describe contents / weights: _____

Valuation \$ _____

SELECT YOUR PAYMENT OPTION

OPTION 1:

CHECK (7-10 Business Days Delivery) OVERNIGHT CHECK (\$25 Min. Fee)

OPTION 2:

FREE ELECTRONIC PAYMENT (ACH) WIRE TRANSFER (\$20 Min. Fee)

Name of Bank _____

Location of Bank (city) _____

Account Name _____

ABA Routing # _____

Account # _____

OPTION 3:

EXCHANGE FOR COINS OR BULLION

Gold: Bullion American Eagle American Buffalo
 Chinese Panda Australian Kangaroo Canadian Maple Leaf

Karat Gold Casting Grains:

10K 14K 14Kw 18K 18Kw 24K

Silver: Bullion U.S Silver Eagle Canadian Silver Maple Leaf

Any difference between the value of your shipment and the selected bullion will be paid to you by check (less shipping and insurance). All bullion is priced at a variable premium above spot.

ENROLL IN OUR PATIENT REFERRAL PROGRAM!

You will receive 5% of all patient transactions along with 1 troy ounce of .999 silver billion after the first five patient transactions!

Please enroll me in the Patient Referral Program.