

Complete and Enclose This Form with Your Shipment

(PLEASE PRINT CLEARLY)

Step 1: Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone# (____) _____ Fax# (____) _____

Email Address _____

We protect your privacy and never sell client information.

Please check this box if this is a new address

Step 2: Your Shipment

I have shipped you the following:

Dental Scrap Old Jewelry Other Material

Please describe _____

Valuation \$ _____

Step 3: Payment

Option 1: Check

Option 2: Gold or Silver

Please send me gold or silver coins if my
Precious Metal Scrap is of sufficient value

We will send you Investment Quality Gold or Silver Coin(s) whose current value does not exceed the value of your shipment to us. 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.

Signature _____