



PRECIOUS METAL SCRAP SHIPPING FORM

Completed form and business card must be included with all scrap lots.



PLEASE PRINT CLEARLY

Date: _____ Customer Number: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Email: _____

MATERIALS: Check all that apply.

- Solids
 Grinds
 Sweeps
 Vac Bags

Comments: _____

PAYMENT INFORMATION

- ACH Transfer — a member of the Settlement Team will contact you for bank name and account/routing numbers.
- Bullion — a member of the Settlement Team will contact you for details.
- Check — Make check payable to (payee): _____

Street Address: _____

City: _____ State: _____ Zip: _____

By signing below, Customer acknowledges delivery of refining materials to Atlantic Precious Metal Refining (Atlantic) for the purpose of refining and authorizes Atlantic to remit payment to the designated Payee.

Customer signature: _____

Printed name: _____ Date: _____