



SCRAP LOT SHIPPING TICKET

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

**I'm an ACP member
WAIVE MY ASSAY FEE!**

PLEASE PRINT CLEARLY

Date: _____ Customer Number: _____

NOTE: Estimated settlement date is 10 business days from date materials are received.

Customer Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

Materials: Please check all that apply.

Solids Grinds Sweeps Vac Bags

Comments: _____

Payment Information:

Please make check payable to (payee): _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

Customer signature: _____

Printed name: _____ Date: _____