



# MELT & ASSAY SUBMISSION FORM

## SECTION 1 - YOUR DETAILS

ACCOUNT NUMBER:	
COMPANY NAME:	
CONTACT NAME:	
TEL NO:	
EMAIL:	
TO BE INVOICED TO:	TO BE DELIVERED TO:
COMPANY NAME:	COMPANY NAME:
COMPANY ADDRESS:	COMPANY ADDRESS:
CONTACT NAME:	CONTACT NAME:
CONTACT EMAIL:	CONTACT EMAIL:

## SECTION 2 - JOB DETAILS

WEIGHT (IN GRAMS):	Net <input type="checkbox"/> Gross <input type="checkbox"/>	SPECIAL HAZARDOUS INSTRUCTIONS/ANY KNOWN HARAZDOUS MATERIAL:
REFERENCE NO:		
MATERIAL TYPE: Metal Scrap <input type="checkbox"/> Bar <input type="checkbox"/> Other <input type="checkbox"/>		
SERVICE REQUIRED: Metal & Assay <input type="checkbox"/> Assay Only <input type="checkbox"/>		
ASSAY REQUIRED: Gold <input type="checkbox"/> Silver <input type="checkbox"/> Platinum <input type="checkbox"/> Palladium <input type="checkbox"/>		
RESULTS REPORTED AS: High, Low & Mean <input type="checkbox"/> Average Results Only <input type="checkbox"/>		

### I AUTHROISE THIS BAR TO BE COLLECTED BY (IF DIFFERENT SUBMISSION CONTACT NAME)

COMPANY NAME:	SIGNED BY:
CONTACT NAME:	DATE:
TEL NO:	NAME:
EMAIL:	SIGNATURE:

## SECTION 3 - PREFERRED PAYMENT METHOD

BACS / CHAPS  Credit/Debit Card  Telephone  Debit Credit Account (not available with first order)

**Please note that:**

- Samples and results will not be released unless pre-paid or on an account which has a credit limit.