



OFFICE USE ONLY

PLEASE COMPLETE ALL SECTIONS AS ANY INCOMPLETE FORMS MAY RESULT IN DELAYS TO YOUR WORK.

1. YOUR DETAILS

ACCOUNT NUMBER:	
COMPANY NAME:	
CONTACT NAME:	
TEL NO:	
EMAIL: (TO SEND RESULTS TO)	
TO BE INVOICED TO: (IF DIFFERENT FROM APPLICANT)	COMPANY NAME:
	COMPANY ADDRESS:
	CONTACT NAME:
	CONTACT EMAIL:
TO BE DELIVERED TO: (IF DIFFERENT FROM APPLICANT)	COMPANY NAME:
	COMPANY ADDRESS:
	CONTACT NAME:
	CONTACT EMAIL:

2. JOB DETAILS

WEIGHT (IN GRAMS):	NET <input type="checkbox"/> GROSS <input type="checkbox"/>	Special instructions / Any known hazardous material:
REFERENCE NO:		
MATERIAL TYPE: (please tick one)	Metal Scrap <input type="checkbox"/> Bar <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>	
SERVICE REQUIRED: (please tick one)	Melt & Assay <input type="checkbox"/> Assay Only <input type="checkbox"/>	
ASSAY REQUIRED: (please tick all that apply)	Gold <input type="checkbox"/> Silver <input type="checkbox"/> Platinum <input type="checkbox"/> Palladium <input type="checkbox"/> Others (Please specify) <input type="checkbox"/>	
RESULTS REPORTED AS: (please tick one)	High, Low and Mean <input type="checkbox"/> Average Result Only <input type="checkbox"/>	

I AUTHORISE THIS BAR TO BE COLLECTED BY (IF DIFFERENT FROM SUBMISSION CONTACT NAME)		SIGNED BY:	
COMPANY NAME:		DATE:	
CONTACT NAME:		NAME:	
EMAIL:		SIGNATURE:	
PHONE NUMBER:			

3. PAYMENT METHOD (please tick one)

PLEASE DEBIT MY CREDIT ACCOUNT: Not available with first order <input type="checkbox"/>	CREDIT/DEBIT CARD <input type="checkbox"/> Also indicate: Use card on file <input type="checkbox"/> Call for card details <input type="checkbox"/>	CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/> Made payable to Assay Office Birmingham	BACS / CHAPS <input type="checkbox"/>
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NOTE: SAMPLES AND RESULTS WILL NOT BE RELEASED UNLESS PRE-PAID OR ON ACCOUNT WHICH IS WITHIN ITS CREDIT LIMIT.

I CONFIRM I ACCEPT THE TERMS & CONDITIONS OF SALE AS SUPPLIED

CUSTOMER SIGNATURE: PRINT: DATE:

RECEIVED BY ANCHORCERT ANALYTICAL REPRESENTATIVE: PRINT: DATE:

FOR HAND DELIVERED ITEMS - BARCODE RECEIPT TO BE PLACED HERE

