



Rely On Us

Tel: 1-800-333-9990
www.starrefining.com

SHIPPING NOTE MANDATE

Customer Name: _____ Contact: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Telephone: _____
 Rep Name: _____ Rep Tel: _____

Description of Material – Please fill in the weights.

Lab <input type="checkbox"/> Dentist <input type="checkbox"/>	Jeweler <input type="checkbox"/>	
<p style="text-align: center;"><u>Melts</u></p> Ingots: _____ Buttons: _____ Pt Foil: _____ Crowns: _____ Sprews: _____ Grinds/Bench Sweeps: _____ Casts / Flashes: _____	<p style="text-align: center;"><u>Incineration</u></p> Vac Bags / Filters: _____ Dust / Powder: _____ Floor Sweeps: _____	14ct: _____ 18ct: _____ 22ct: _____ 24ct: _____ Ag: _____ Pt: _____ Lemel: _____
Assay for: Au <input type="checkbox"/> Pd <input type="checkbox"/> Pt <input type="checkbox"/> Ag <input type="checkbox"/>	Assay for: Au <input type="checkbox"/> Pd <input type="checkbox"/> Pt <input type="checkbox"/> Ag <input type="checkbox"/>	Assay for: Au <input type="checkbox"/> Pt <input type="checkbox"/> Ag <input type="checkbox"/>

Total Weight: _____ Grams Lbs / Oz Dwt

Cashiers Check Payable to: _____ Date Due by: _____

Client Signature: _____ Rep Signature: _____ Date: _____

OFFICE USE ONLY	
Date Received: _____	Reference Number: _____
Received In: _____	Sent to UK in: _____
Lab Called: _____	Comments: _____
