



106 Broadway Suite A, Kissimmee, FL 34741

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## SHIPPING FORM

### PACKING LIST

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Phone#: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Customer Reference: \_\_\_\_\_

Type of materials:	Weight (net amount):	Measurement (Circle one):	Dental:	Stone Removal
		Dwt t/oz lbs gms		
		Dwt t/oz lbs gms		
		Dwt t/oz lbs gms		
		Dwt t/oz lbs gms		
		Dwt t/oz lbs gms		

### Bullion/Coins/Silver/Platinum/Palladium:

Type of materials:	Weight (net amount):	Measurement (Circle one):
		Dwt t/oz lbs gms
		Dwt t/oz lbs gms
		Dwt t/oz lbs gms
		Dwt t/oz lbs gms
		Dwt t/oz lbs gms

Note: Please be aware that shipping insurance does not cover packages exceeding \$50,000.00. Packages will be insured for maximum amount unless otherwise stated at time of label request. We strongly suggest that you split your material into packages within the insured value limit. Please be aware that material delivered on Saturdays will not be processed until next business day. There is a requirement to supply the total weight and estimated value of your package whenever requesting labels.

**PLEASE MAKE A COPY FOR YOUR OWN RECORDS FOR INSURANCE PURPOSES**