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MELT & ASSAY SUBMISSION FORM

OFFICE USE ONLY						
PLEASE COMPLETE ALL	. SECTIONS AS ANY INCO	MPLETE FORMS MAY RESULT IN	DELAYS TO YOUR W	ORK.		
1. YOUR DETAILS						
ACCOUNT NUMBER:						
COMPANY NAME:						
CONTACT NAME:						
TEL NO:						
EMAIL: (TO SEND RESU	JLTS 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 GROSS T						Special instructions / Any known
REFERENCE NO:				hazai		hazardous material:
MATERIAL TYPE: (please tick one)		Metal Scrap Bar Other (Please specify)				
SERVICE REQUIRED: (please tick one)		Melt & Assay Assay Only				
ASSAY REQUIRED: (please tick all that apply)		Gold Silver Platinum Palladium Others (Please specify)			cify)	
RESULTS REPORTED A	S: (please tick one)	High, Low and Mean Average Result Only				
I AUTHORISE THIS BAR	R TO BE COLLECTED BY (II	F DIFFERENT FROM SUBMISSIO	N CONTACT NAME)	SIGNED BY:		
COMPANY NAME:				DATE:		
CONTACT NAME:				NAME:		
EMAIL:	MAIL:			SIGNATURE:		
PHONE NUMBER:						
3. PAYMENT METHO	D (please tick one)					
PLEASE DEBIT MY CREDIT ACCOUNT: Not available with first order	CREDIT/DEBI Also indicate: Use card on file	Call for	APS			
NOTE: SAMPLES AND RESU	LTS WILL NOT BE RELEASED U	NLESS PRE-PAID OR ON ACCOUNT W	/HICH IS WITHIN ITS CRE	DIT LIMIT.		
I CONFIRM I ACCEPT THE TERMS & CONDITIONS OF SALE AS SUPPLIED					FOR HAND DE	LIVERED ITEMS - BARCODE
CUSTOMER SIGNATURE: PRINT: DATE:					RECEIPT TO BI	E PLACED HERE
RECEIVED BY ANCHORCER	et analytical representat	IVE: PRINT:	DATE:			











