				Δcc	ount Name:						
ALA				7100							
				C 1	Contact:						
(KE	-YCL	ING		Che	cks Payable to	·					
ASSOCIATES				Ĭ.	Address:			Suite #			
			J		City		State	Zip	Cod	le	
					Email Address						
Date:	/ /			-			e Number				
Rec. By:							xID/EIN()				
<i>J</i> ·-								117			
Market		(For ARA's	Use Onl	(y!) 🗆 L (ock Advance	Amount	\$				
☐ Stone I	Removal (N	lo Additio	nal Fe	e!)	\square Wire Ad	vance (Op	tional for your co	nvenience)			
\square Melt an	d Shoot				☐ Check A	dvance (Optional for your	convenienc	ce)		
**Please l			above o	ptions. If no	note is given in regards t	o what type o	process you wou	ıld like to h	ave don	e, ARA is no	t responsib
	•						TT7 • 1 .	3.7			
Material	Weight	Med	asure	ement		aterial	Weight	Med	asure	ement	
Gold						lver			. 1		
Mixed 10K		dwt	t/oz	grams	Mi: Pur				t/oz	grams	
10K 14K		dwt dwt	t/oz t/oz	grams grams		e ner/Unsure		_ dwt dwt	t/oz t/oz	grams grams	
18K		dwt	t/oz	grams		atinum		_	UOL	Siums	
22K		dwt	t/oz	grams	909			dwt	t/oz	grams	
24K		dwt	t/oz	grams	959			_ dwt	t/oz	grams	
Other/Unsure		dwt	t/oz	grams		xed/Unsure		-	t/oz	grams	
Coins					Ot	ther					
Gold		dwt	t/oz	grams				dwt	t/oz	grams	
Silver		dwt	t/oz	grams				dwt	t/oz	grams	
Other		dwt	t/oz	grams				_ dwt	t/oz	grams	
<i>Notes:</i>											
Would you					NO						
					Up 🗆 Mail						
	eck Wire(Added Fee)	Me	etal Return	() 🔲 Bı	ıllion Returr	Pool	Cash			
Shipping	g:										
I would like	•	1.1									
					Y AIR(\$12-25) \[\subseteq \] N	EXT DAY(\$18-35)				
•	ry depending on					addmass am	1)				
If declined, insu	-	•	_	,	$S \square NO$ (resident	address or	ily)				
Insurance		neart agre	, active	ry of packa	50.						
		alza e a 😓) 🗆 📆	EC DNO						
Would you		_				a that a	halast an at-	olon one:	100-	ina ou-	
			-	-	ble for any package	-				ing our	
•		_			cannot be held liab	ne for the l	epiacement (n any st	ones,		
diamonds, of (Please note that					age, we cannot send to a	PO Box)					
insure my re	eturnea pack	age for:			,or \square Use ARA's	Estimate					