David H. Fell & Company
Outstanding in every element.™

Account information Worksheet

Legal Name: _____

Trade Name *(if different)*: _____

Physical Address: _____

Mailing Address *(if different)*: _____

Business Phone: _____ Fax: _____ E-Mail: _____

Type of Organization: ◯ Corporation ◯ Partnership ◯ SoleProprietorship

Years in Business: _____ Tax ID#: _____ SS# *(if a sole proprietorship)*: _____

Drivers License#: _____ State: _____

If Corporation or Partnership, date formed: _____ State: _____

Type of Business: _____ Industry: _____

Are precious metals essential to the business? ◯ Yes ◯ No

If no, explain: _____

Buying/Selling in: ☐ AU ☐ AG ☐ PT ☐ PD Source of Material *(for refining)*: _____

Are you compliant with the AML Regulations? ◯ Yes ◯ No

If no, explain: _____

Principal Information

Name: _____ Title: _____ SS#: _____ DOB: _____

Address: _____

Name: _____ Title: _____ SS#: _____ DOB: _____

Address: _____

Bank Reference

Name: _____ Phone: _____ Account#: _____

Address: _____

Trade References

Name: _____ Phone: _____ Fax: _____ Account#: _____

Name: _____ Phone: _____ Fax: _____ Account#: _____

Name: _____ Phone: _____ Fax: _____ Account#: _____

I certify that the above is true and correct and any material is mine to legally sell.

Signature: _____ Date: _____

Name *(please print)*: _____ Title: _____