

# ACCURATE PMR

ACCURATE PRECIOUS METALS REFINERIES

TRUST THROUGH TRANSPARENCY

## BEFORE YOU BEGIN: REQUIRED DOCUMENTS AND INSTRUCTIONS

1. Gather the following documents and include them with your submission:
  - Government-Issued Photo ID for all principals, payees, and couriers
  - Business License, Pawnbroker License, Reseller Permit or Sales Tax Certificate
2. Read and fill the form out in its entirety. Mark fields that do not apply to your business with N/A.
3. Send the form and related documents to:

Accurate PMR  
1855 Hawthorne Ave NE  
Salem, OR 97301

Fax: [503] 967-6153  
Email: [info@accuratepmr.com](mailto:info@accuratepmr.com)

### SECTION 1

### GENERAL BUSINESS INFORMATION

FULL LEGAL NAME OF BUSINESS

TYPE OF ORGANIZATION

SOLE PROPRIETOR     PARTNERSHIP     CORPORATION     LIMITED LIABILITY COMPANY     OTHER: \_\_\_\_\_

BUSINESS PHONE

BUSINESS FAX

BUSINESS EMAIL

BUSINESS ADDRESS

CITY

STATE

ZIP

COUNTRY

HOW DID YOU HEAR ABOUT APMR?

APMR OFFICE     REFERRAL \_\_\_\_\_     AD/POSTCARD     SALES REP     OTHER: \_\_\_\_\_

### SECTION 2

### APPLICANT INFORMATION

FULL NAME OF INDIVIDUAL COMPLETING FORM.

TITLE

EMAIL

PHONE NUMBER

PRINCIPAL NAME

TITLE

SECTION 2

**APPLICANT INFORMATION**

DRIVERS LICENSE NUMBER AND STATE OF ISSUE

PRINCIPAL NAME

TITLE

DRIVERS LICENSE NUMBER AND STATE OF ISSUE

PRINCIPAL NAME

TITLE

DRIVERS LICENSE NUMBER AND STATE OF ISSUE

(PLEASE PROVIDE COPY OF IDENTIFICATION FOR EACH PRINCIPAL UPON APPLICATION SUBMISSION.)

SECTION 3

**COMPANY INFORMATION**

TYPE OF BUSINESS

SCRAP COLLECTOR

JEWELER

INDUSTRIAL

OTHER \_\_\_\_\_

MATERIAL TYPE BEING SHIPPED

MELTED BARS

COINS

SCRAP JEWELRY

OTHER \_\_\_\_\_

YEARS IN BUSINESS

STATE OF INCORPORATION

FREQUENCY OF SHIPMENTS

(PER WEEK)

(PER MONTH)

ESTIMATED \$ AMOUNT PER SHIPMENT

DO YOU HAVE A PRECIOUS METALS DEALER LICENSE? (PLEASE ATTACH A COPY)

YES

NO

IF NOT (PLEASE EXPLAIN)

SOCIAL SECURITY NUMBER OR COMPANY TAX ID

DO YOU ACCEPT MATERIAL DIRECTLY FROM MINES?

YES

NO

DO ANY OF YOUR MATERIALS ORIGINATE FROM THE DEMOCRATIC REPUBLIC OF CONGO OR AN ADJOINING COUNTRY?

YES

NO

SECTION 4

**BANK INFORMATION/WIRE INSTRUCTIONS**

BENEFICIARY BANK

CONTACT

PHONE NUMBER

BENEFICIARY BANK ADDRESS

CITY

STATE / ZIP

ACCOUNT NUMBER

ABA OR ROUTING NUMBER - WIRE TRANSFERS

FINAL BENEFICIARY (EXACT NAME AS IT APPEARS ON YOUR ACCOUNT)

SECTION 4 **BANK INFORMATION/WIRE INSTRUCTIONS**

INTERMEDIARY BANK

INTERMEDIARY BANK ADDRESS

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ROUTING NUMBER

SECTION 5 **REFERENCES**

TRADE REFERENCE NAME

TRADE REFERENCE PHONE

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TRADE REFERENCE ACCOUNT TYPE

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TRADE REFERENCE NAME

TRADE REFERENCE PHONE

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TRADE REFERENCE ACCOUNT TYPE

**ACKNOWLEDGEMENT AND AGREEMENT**

Customer, by the below signature of its duly authorized representative, represents that all information provided on this form is true and accurate.

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BUSINESS NAME

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PRINTED NAME OF AUTHORIZED REPRESENTATIVE

TITLE

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SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

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