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PACKING SLIP

Name:		Person To Contact:	
Address:			
City:		State:	Zip:
Business Phone:			
Date Shipped:		WGS RSW#	
* PLEASE ONE PACKING SLIP FOR EACH MELT *		Customer Ref. #	
<input type="checkbox"/> AU <input type="checkbox"/> AG <input type="checkbox"/> PT <input type="checkbox"/> PD <input type="checkbox"/> SWEEPS <input type="checkbox"/> DENTAL *AU, PT, PD, ASSAY			
STONE REMOVAL <input type="checkbox"/> YES <input type="checkbox"/> NO			
MATERIAL DESCRIPTION / SPECIAL INSTRUCTIONS:			
Weight (indicate gross or net):		CIRCLE ONE:	
_____		dwt grams troy oz. lbs	

Williams Gold & Silver notes:

SETTLEMENT:

- Check US Mail (Free)
- Check FedEx (applicable fee)
- Grain
- Other _____

CHECK PAYABLE TO:

- Business
- Other: _____