



JUST REFINERS USA, INC.
620 Greg Street, Sparks, NV. 89431 USA

Disclaimer

Regulations have been imposed on the precious metals industry under The Patriot Act. Just Refiners USA, Inc., as well as government authorities, request that all of the following questions be answered to the best of your ability.

I, _____, on behalf of
(Full Name)

_____ certify that the following
(Name of Company)

information packet will be answered honestly, thoroughly, and to the best of my ability.

Signature _____ Date: _____

CUSTOMER INFORMATION

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone: () _____ Fax: () _____

Email: _____ @ _____

Principal Occupation: _____

Year Established: _____ At Present Location: _____

Employer I.D. # _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone: () _____ Fax: () _____

Email: _____ @ _____

Driver's License #: _____ State: _____

Passport #: _____ Country: _____

Date of Birth: _____ Social Security # _____

Banking Information.

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone: (____) _____ Fax: (____) _____

Account # _____ Contact Name: _____

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone: (____) _____ Fax: (____) _____

Account # _____ Contact Name: _____

Wire Transfer Banking Information.

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Account # _____ ABA # _____

International Swift Code # _____

Beneficiary Name: _____

Any other Wire Transfer Details: _____

PLEASE ADVISE YOUR BANKING INSTRUCTIONS WHERE YOU WISH TO RECEIVE FUNDS DUE YOURSELF. PLEASE NOTE THAT NO THIRD PARTY TRANSFERS WILL BE MADE. ALL AMOUNTS DUE MUST BE PAYABLE TO AN ACCOUNT WHOSE BENEFICIARY NAME IS IDENTICAL TO THE NAME(S) OF THE ACCOUNT HELD WITH BRUCE METALS INC.

Authorized Signature: _____

Customer Name: _____

Name of Authorized Signatory: _____

Date & Place: _____

Board Members.

In the space provided below, please list those who are on the Board of Directors of your Company:

1. President Name: _____
(Full Name)

Address: _____

2. Secretary Name: _____
(Full Name)

Address: _____

3. Treasurer Name: _____
(Full Name)

Address: _____

4. Director Name: _____
(Full Name)

Address: _____

