



# **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 JUST REFINERS (USA) 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_