**Submission Form** 

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Please complete all fields by typing directly into the form and submitting printed copy with stones/jewelry to:

COMPANY OR AC	COUNT HOL	.DER		EGL USA ACCOUNT NUMBER										
DATE				CONTACT NAME	CONTACT NAME									
				EMAIL										
THORE NOMBER														
								(CHECK A	LL THAT	APPLY)		I		
			STONE O			ANALYSIS TYPE				SPECIAL SERVICE (extra fees may apply)				
JOB/LOT NUMBER	QUANT.	CARAT WEIGHT	TYPE OF STO (I.E. STONE TYPE, CU		Loose Stone	Jewelry (entire piece)	Jewelry (center stone only)	Preliminary Results	Full Report	Mini Plot Report	Mini Report	Appraisal Value	Rush Analysis	
		СТ												
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TOTAL QUANTITIES														
Special Ins	truction	s:												
NAME			elect one): Use	COMPANY NA	ME									
			can not be accepted)											
CITY, STATE / PRO	VINCE			ZIP/POSTAL	LODE _			COUNTRY_						
Return Ship	ping Me	thod (se	elect one):											
$\Box$ Overnight			☐ Shipping label to be	e provided 🔲 W	/indow	Pick-Up	by Pre-a	uthorized /	Agent					
Return Ship	ping Ins	urance /	Amount: \$			AGENTNA								
							Note: F	Photo ID requir	ed for pici	k-up				
Select Paym	ent Met	hod:												
$\square$ Secure online payment at			$\square$ Credit or Del	☐ Credit or Debit Card ☐ Check ☐					☐ Cash / Money Order ☐ P					
$\square$ Card information provided						Expiration:								
		S	Security code	Zip code			_							