



EXCHANGE FORM

Full Name : [input field]

Mailing Address : [input field]

City : [input field]

State : [input field] Zip Code : [input field]

Tax ID Number : [input field]
(not required if our payment to you will be less than US \$1,000.00)

E-Mail : [input field]

Phone Number : [input field]

Payment Reference : Bank Check Venmo* Zelle* PayPal* (Check Preference)

* Venmo, Zelle, Paypal limited to \$500 USD per transaction Default (Bank Check Unless Specified)

EMAIL - Phone - ID for Instant Transfer:

[input field]

If we encounter a problem with your shipment, what is the quickest way to contact you?

[input field]

I have read and Agree to the terms and conditions [checkbox]

X _____

Date _____

SHIPPING ADDRESS 173 Spinks Road Temple, GA 30179 USA

THANK YOU FOR YOUR INFORMATION