



Know Your Customer Form

Company Legal Name: _____ **Federal Tax ID #:** _____

DBA (If any): _____ Parent Company (If any): _____

Company Physical Address (Cannot be a P.O. Box):

Street Address _____

City _____ State / Province _____

Postal / Zip Code _____ Country _____

Preferred Mailing Address (if different):

Street Address _____

City _____ State / Province _____

Postal / Zip Code _____ Country _____

Additional Company Information:

Company Phone: _____ Company Fax: _____

Year Established: _____ Company Website: _____

State of Domicile: _____ Resale Certificate #: _____

D & B #: _____ Government License #: _____

List Other Locations (if any): _____

Other Credit Agency #s (if any): _____

Certifications: _____

Industry Associations: _____

Primary Contact Information:

Full Name & Title: _____

Work / Cell Phone Number: _____ Email Address: _____

Other Information:

How Were You Referred To Gannon & Scott?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Established | <input type="checkbox"/> Recycler Referral | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Cold Call | <input type="checkbox"/> G&S Website | <input type="checkbox"/> Sales Research | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Customer Referral | <input type="checkbox"/> Mailing Promotion | <input type="checkbox"/> Trade Show | <input type="checkbox"/> Other: _____ |

What Industry Best Describes Your Company?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Accounting Firm | <input type="checkbox"/> Electronics | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Photo |
| <input type="checkbox"/> Assay | <input type="checkbox"/> Electronic Plating | <input type="checkbox"/> Jewelry Plating | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Emblematic | <input type="checkbox"/> Medical | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Collector/Aggregator | <input type="checkbox"/> Individual | <input type="checkbox"/> Pawn | <input type="checkbox"/> Refining |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Industrial | <input type="checkbox"/> Other: _____ | |

Beneficial Owners*:

Please list Beneficial Owners (People who control the Company or own more than 25%):

Full Name & Title: _____

Full Name & Title: _____

Full Name & Title: _____

Please describe any changes in beneficial owners in the last 5 years:

Primary Company Officers*:

Full Name & Title: _____

Full Name & Title: _____

Full Name & Title: _____

Full Name & Title: _____

*Please feel free to attach additional or supplemental sheets as needed.

Anti-Money Laundering (AML) Information:

All precious metals dealers and retailers who purchase and sell more than \$50,000.00 in precious metals, precious stones or jewels are required to have a written AML policy. **All customers must complete the below anti-money laundering certification.**

Does your company have an AML program? Yes No

If your company does not have an AML program, please explain:

AML Officer Information:

Full Name & Title: _____

Work / Cell Phone Number: _____ Email Address: _____

Conflict Minerals and Responsible Sourcing Information:

Primary sources of material for refining (please include countries of origin):

Please provide the following information about the material:

Nature of material: _____

Expected type of precious metal content: _____

Estimated weight of shipments: _____

Estimated frequency of shipments: _____

Is your company subject to conflict minerals sourcing disclosure requirements? Yes No

Does your company have a Conflict Free Sourcing of Materials policy? Yes No

Signature:

I, _____, on behalf of _____ certify that
(Agent Name, Title) (Company Name)
 everything is answered accurately and completely.

Signature: _____ Date: _____