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# Anti-Money Laundering Patriot Act Company Form

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Company Type: (Check One) Proprietorship \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_ Year Established: \_\_\_\_\_

State: \_\_\_\_\_ Federal ID #: \_\_\_\_\_ State Resale Tax ID #: \_\_\_\_\_

### Key Officers Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Types of Business: \_\_\_\_\_

Does your company import or export goods to/from outside the United States? (Circle one) Yes No

Does your company have an Anti-Money Laundering Program in place? (Circle one) Yes No

### Bank Information

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account #: \_\_\_\_\_ Bank Contact Name: \_\_\_\_\_

### Trade Associations - Please check any associations you are a member of:

MJSA <input type="checkbox"/>	Jeweler's Board of Trade <input type="checkbox"/>	National Pawnbroker's Association <input type="checkbox"/>	State Pawn Association <input type="checkbox"/>
Local Jewelers Association <input type="checkbox"/>	International Precious Metals Institute <input type="checkbox"/>	Photo Marketing Association <input type="checkbox"/>	National Dental Lab Association <input type="checkbox"/>
State Dental Association <input type="checkbox"/>	Other (Please list any additional ones):		

Sales Representative Name: \_\_\_\_\_

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