



Core Scientific
 700 Industrial Dr, unit K
 Cary, IL 60013
 Ph: 877-308-2388

Customer: _____
 Address: _____

Phone #: _____
 Fax #: _____
 E-mail: _____
 Contact: _____
 Carrier: _____
 Date: _____

Material Shipped	Approximate Weight		
	Approx weight	Received weight	Unit: (dwt, ozt, grams, lbs, etc.)
Karat, Bench Sweeps, Dental Grinds, etc.			

Please check one.

In the event one of the boxes is not checked, processing the material will be delayed until confirmation is completed.

Stone Recovery (Yes or No)

Settlement Options

Check: Payable to: _____
 Gold Coins: _____
 Casting Grain (Gold or Silver): _____
 Consignment: _____
 Bank Wire: Instructions: _____

Additional Instructions: _____
