



MATERIAL REFINING FORM

Company Name: _____ Contact Name: _____
Address Line 1: _____ Phone: _____
Address Line 2: _____ Email: _____
Address Line 3: _____ Today's Date: _____

MATERIAL INFORMATION

MATERIAL TYPE (Crowns, Sweeps, Grindings, etc.)	APPROXIMATE WEIGHT	UNITS (ozt, grams, lbs)	DETAILS

Additional Instructions or Information: _____

