



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 |
|--|-----------------------|----------------------------|---------|
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Additional Instructions or Information: _____
