



406 West Basin Rd.
New Castle, DE 19720

Tel: 888 322 6150
Fax: 302 322 6870

www.DiamondStateDepository.com

Depository Transaction Request Form 07 / 10

Date of Request: _____

Your Company Name: _____

Your Reference Number (if any): _____

Type of Service Requested (select only one & provide amplifying info below):

- () Internal Transfer () Receive Product
- () US Postal Delivery
- () FedEx Delivery – Check One: () Overnight or () 2-Day Service
- () UPS Delivery -- Check One: () Overnight or () 2-Day Service
- () Direct Release To Company Agent / Customer
- () Other (describe): _____

From Account:
Name: _____ DSD Acct No. _____

Transfer / Release / Deliver (circle one) To Account / Addressee:
Name: _____ DSD Acct No. _____
Delivery Address (if Applicable):

**FAX this completed form to
Diamond State At 302 322 6870**

Product	Brand	Serial No.	Quantity	Gross Tr. Oz.	Fineness	This Space For Depository Use Only		Trans No: _____	
						Vault OUT	IN	Date	Initials 1 2

Additional Product Info: _____

Authorized Signature(s):
1. _____ / 2. _____

DIRECT RELEASE: Date: _____
Released To: _____
/S/ _____

For DSD Use:
CSO Initial

Additional Instructions: _____
