

GOLD STOCK

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Registration Form	Office Use Registration #	

Company Info/ Customer Info			
Name/Company:			
Address:			
City:	Province:	Postal Code:/Zip:	
Tel:	Fax:	Direct Line/Cell #:	
Email:	Website:		
Authorize Contacts Information			
Authorize Name (1):	Contact Tel:		
Authorize Name (2):	C	ontact Tel:	
Corporation Article/Government Identity (Corporation Article Copy)			
(Driver License, Social Security #, Tax Id, Passport, Corporation Paper, Corporation Number)			
Identity #			
Please describe the purpose of your relationship with Gold Stock. (Optional)			
Purpose:			
In order to book your Deal by Phone we need your Bank info and VOID check. (Optional)			
I authorize that information is correct on the form any information that misleading will be used against me			
Authorized Signature (1)	Date :	
Authorized Signature	Date :		