



BUSINESS APPLICATION FORM

Full Legal Name of Business _____

Address _____ City _____ ST _____ Zip Code _____

Phone No. _____ Fax No. _____ Email: _____

Country _____ Sales Tax #: _____ Federal EIN#: _____

Date Constituted: _____ How did you hear about BGL? _____

Are precious metals essential to your business? (Circle one) Yes No

Number of Principals/Directors/Shareholders/Officers? _____

Please answer the following for each: (attach additional sheets if needed)

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Country: _____ Zip _____

Phone #: _____ Fax #: _____ Email: _____

Date of Birth: _____ Social Security #: _____ Nationality: _____

Passport#: _____ Drivers License #: _____ State Issued: _____

Declaration:

I, the undersigned declare that the information contained in this application, and given by me, is accurate. I authorize BGL LLC. to contact the given references on my behalf and accept that any information given by me that is proven to be deliberately false or misleading will lead to my application being disqualified.

Company Name: _____

Printed Name of Authorized Applicant: _____

Signature of Authorized Applicant: _____ Date: _____



BUSINESS ACCOUNT INFORMATION

Bank References:

Bank Name: _____ Phone No. _____

Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Bank Officer: _____ Phone/Ext: _____

Email: _____ Fax No. _____

Bank References:

Bank Name: _____ Phone No. _____

Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Bank Officer: _____ Phone/Ext: _____

Email: _____ Fax No. _____

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Company Name: _____

Printed Name of Authorized Applicant: _____

Signature of Authorized Applicant: _____ Date: _____



Trade References:

Business Name: _____ Phone No. _____

Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Contact Person: _____ Phone/Ext: _____

Email: _____ Fax No. _____

Trade References:

Business Name: _____ Phone No. _____

Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Contact Person: _____ Phone/Ext: _____

Email: _____ Fax No. _____

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Company Name: _____

Printed Name of Authorized Applicant: _____

Signature of Authorized Applicant: _____ Date: _____



DISCLOSURE & ACKNOWLEDGEMENT

BARGOLD LIQUIDATORS LLC.; Is diligent in aiding and complying with the Federal law requirements of the U.S. Patriot Act of 2001. As a dealer in precious metals, we are required by law to obtain, verify and maintain all pertinent information of business entities and persons who seek to open a business relationship with our company and related affiliates. We must also obtain information on the source of the funds and the nature of the business. Therefore, our anti-money laundering (AML) program is designed to comply with Federal law and regulations to support all efforts to protect and maintain the security of our customers and our country.

Anyone desiring to initiate a business relationship with **BARGOLD LIQUIDATORS**, must adhere and implement all necessary measures to comply with our anti-money laundering guidelines and procedures. We guarantee that all information submitted will be used for compliance purposes only and maintained in the strictest privacy.

BARGOLD LIQUIDATORS requests that all business applicants/entities confirm that:

- None of the financial instruments, stones or metals deriving from the applicant/entity is linked to any activity that is deemed criminal under U.S. Federal or international law.
- None of the financial instruments purchased by applicant/entity from third parties, to the best of their knowledge, derives from criminal activity or is intended for money laundering or terrorist activity.
- The applicant/entity agrees that **BARGOLD LIQUIDATORS** will take the appropriate measures in ensuring compliance with Federal and international laws if it considers that any of the information submitted is linked to money laundering, fraud of any kind or similar criminal activities.

Declaration:

By signing below I, the undersigned, adhere to the requests and procedures of **BARGOLD LIQUIDATORS LLC.** and declare that all information submitted in this application, and given by me, is accurate and truthful. I authorize **BGL** to terminate my application if it is proven that any information has been misleading or deliberately falsified.

Company Name: _____

Printed Name of Authorized Applicant: _____

Signature of Authorized Applicant: _____ Date: _____