

Midwest Gold Refinery LLC  
1821 N. 22<sup>nd</sup> St, Springfield, IL 62702  
217-717-6634 [midwestgoldrefinery@gmail.com](mailto:midwestgoldrefinery@gmail.com)  
[www.midwestgoldrefinery.com](http://www.midwestgoldrefinery.com)  
**Seller Authorization Form - Midwest Gold Refinery**

**Client Information**

**Full Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Description of Items Being Sold:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Weight:** \_\_\_\_\_

**Preferred Payment Method:**

- ☐ Check by Mail
- ☐ Online to Print and Deposit (Link Will Be Sent To Your Email)
- ☐ Through the Debit Card
- ☐ ACH (Bank Wire)
- ☐ PayPal Email: \_\_\_\_\_

Midwest Gold Refinery LLC  
1821 N. 22<sup>nd</sup> St, Springfield, IL 62702  
217-717-6634 [midwestgoldrefinery@gmail.com](mailto:midwestgoldrefinery@gmail.com)  
[www.midwestgoldrefinery.com](http://www.midwestgoldrefinery.com)

**Payment Account Details *(ONLY FILL OUT IF YOU ARE ACCEPTING ACH OR THROUGH YOUR DEBIT CARD):***

- Bank Name: \_\_\_\_\_
- Routing Number: \_\_\_\_\_
- Checking: \_\_\_\_\_
- Savings: \_\_\_\_\_

OR

- Debit Card Number: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_
- CVC (Card Verification Code on the back): \_\_\_\_\_

**Authorization & Agreement**

I hereby affirm that I am the lawful owner or authorized representative of the items listed above. By submitting this form, I agree to sell the described items to Midwest Gold Refinery. I understand and accept the offered Seller Authorization Form - Midwest Gold Refinery valuation and confirm that I am willingly relinquishing all rights and ownership to the property listed above effective at the time of sale. I acknowledge that all sales are final and that I forfeit any right to make claims or disputes once payment has been issued to my selected payment method.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only:**

Date Paid: \_\_\_\_\_

Transaction Number: \_\_\_\_\_

Authorized By (Print Name): \_\_\_\_\_

Time Completed: \_\_\_\_\_ am/pm

Staff Signature: \_\_\_\_\_