

# Submission Form



**EGL USA**  
GEMOLOGICAL LABORATORY

Please complete all fields by handwriting or typing directly into the form. Submit the form with stones/jewelry to **EGL USA**.

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

**Customer Information:**

COMPANY OR ACCOUNT HOLDER \_\_\_\_\_

EGL USA ACCOUNT NUMBER \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

**EGL USA**

580 Fifth Avenue  
Suite 2700  
New York, NY 10036, USA

or

**EGL USA**

550 South Hill Street  
Suite 840 (laboratory lobby)  
or  
Suite 740 (shipping department)  
Los Angeles, CA 90013, USA

**Order Information:**

(CHECK ALL THAT APPLY)

JOB/LOT NUMBER	QUANTITY	CARAT WEIGHT	TYPE OF STONE OR ITEM (I.E. STONE TYPE, CUT [SHAPE & STYLE])	STONE OR ITEM TO BE ANALYZED			ANALYSIS TYPE				SPECIAL SERVICE
				Loose Stone	Jewelry (entire piece)	Jewelry (center stone only)	Preliminary Results	Full Report	Mini Plot Report	Mini Report	Rush Analysis (extra fees apply)
		CT									
		CT									
		CT									
		CT									
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		CT									
		CT									
		CT									
		CT									
		CT									
		CT									
<b>TOTAL QUANTITIES</b>											

**Special Instructions:**

**Return Shipping Address (select one):**     Use address on file     Use alternate address (below)

NAME \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

FULL STREET ADDRESS (PO box numbers can not be accepted) \_\_\_\_\_

CITY, STATE / PROVINCE \_\_\_\_\_ ZIP / POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

**Return Shipping Method (select one):**

Overnight     2<sup>nd</sup> Day     Registered Mail     Shipping label to be provided     Window Pick-Up by Pre-authorized Agent

AGENT NAME \_\_\_\_\_

*Note: Photo ID required for pick-up*

**Return Shipping Insurance Amount: \$** \_\_\_\_\_