

Submission Form



EGL USA
GEMOLOGICAL LABORATORY

Please complete all fields by typing directly into the form and submitting printed copy with stones/jewelry to:

EGL USA 42 W 48th Street, 14th Floor • New York, NY 10036 • USA

COMPANY OR ACCOUNT HOLDER _____ EGL USA ACCOUNT NUMBER _____

DATE _____ CONTACT NAME _____

PHONE NUMBER _____ EMAIL _____

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

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 2nd Day Shipping label to be provided Window Pick-Up by Pre-authorized Agent

Return Shipping Insurance Amount: \$ _____ AGENT NAME _____

Note: Photo ID required for pick-up

Select Payment Method:

Secure online payment at <https://billpay.eglusa.com> Credit or Debit Card Check Cash / Money Order Payment by phone

Card information provided: Card Number _____ Expiration: _____

Security code _____ Zip code _____