

# GAINESVILLE COINS, LLC

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Visit Our Showroom: Monday - Friday 10am to 5pm

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## Storage Deposit Form

Please confirm that I, \_\_\_\_\_, am electing to **DEPOSIT** the following items into my Gainesville Coins Storage account.

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

Customer Code: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Storage Acc. No.: \_\_\_\_\_

Email: \_\_\_\_\_

No.	Quantity	SKU	Description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Customer Signature:

Storage Supervisor Signature:

Customer Printed Name:

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

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