



AMERICAN GEMOLOGICAL LABORATORIES



AGL Suite 706 • 580 5th Avenue • NYC, NY 10036 • (212) 704-0727

Please print and enclose the following Submission Form with your shipment:

Sender's Information:

Company name: _____

Other companies owned by this one (if any): _____

Contact name: _____

Contact phone number: _____

Contact email: _____

Shipping address: _____

(note, we cannot ship overnight to P.O. Boxes)

REFER TO PRICE LIST: GEM BRIEF SIZE RESTRICTION • PLEASE NOTE PRESTIGE SERVICES BUILD ON EACH OTHER. Describe each item enclosed and the service you are requesting. Please consult our online Price List to aid in your service requests (check the services you want, per piece)

GemBrief	OR	Prestige	Weight	Shape	Color	Description
<input type="checkbox"/>	OR	<input checked="" type="checkbox"/> ID&ENH <input type="checkbox"/> +ORIG				
<input type="checkbox"/>	OR	<input type="checkbox"/> ID&ENH <input type="checkbox"/> +ORIG				
<input type="checkbox"/>	OR	<input type="checkbox"/> ID&ENH <input type="checkbox"/> +ORIG				
<input type="checkbox"/>	OR	<input type="checkbox"/> ID&ENH <input type="checkbox"/> +ORIG				
<input type="checkbox"/>	OR	<input type="checkbox"/> ID&ENH <input type="checkbox"/> +ORIG				

Returning Your Goods:

Preferred return-shipping method: _____

Insurance value for return shipping: _____

Your account number for preferred courier (if applicable): _____

- I will email my return label to agl@aglgemlab.com
- Please call me when my package has shipped

Payment:

Payment for services rendered plus the cost of return shipping must be received before we can ship your goods.

- I have enclosed a check for my stone as per AGL's 2016 Price List plus the amount it costs me to ship my goods to AGL
- Please call me for payment or shipping information
- Please charge my credit card for the total balance due, or the balance after my check is applied:
 - My card is on file Please keep my card on file

Card #: _____ Exp. Date: _____ CVV-code: _____ Billing-Address: _____