



406 West Basin Rd. • New Castle, DE 19720
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 www.IDS-Delaware.com

Depository Transaction Request Form

Please return via email to info@IDS-Delaware.com or via Fax to 302.322.6870

Date of Request: _____ Your Company Name: _____ Your Reference No. (if any): _____	From Account / Depositor / Carrier : Name: _____ IDS Acct No. _____ (If applicable)
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Type of Service (select only one & provide amplifying info below) <input type="checkbox"/> Internal Transfer <input type="checkbox"/> Receive Product For Account <input type="checkbox"/> US Postal Service <input type="checkbox"/> USPS Express FedEx <input type="checkbox"/> Overnight <input type="checkbox"/> 2-Day <input type="checkbox"/> Ground International (see below) UPS <input type="checkbox"/> Overnight <input type="checkbox"/> 2-Day <input type="checkbox"/> Ground International (see below) <input type="checkbox"/> Direct Release to Company Agent / Customer <input type="checkbox"/> Other (describe): _____	<input checked="" type="checkbox"/> Transfer <input type="checkbox"/> Release <input type="checkbox"/> Deliver To Account OR Addressee: Name: _____ IDS Acct No. _____ Delivery Address (if Applicable): _____ _____ _____
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International Shipment Fedx / UPS Acct No. _____
 Recipient Tel No: _____ Harmonized Code: _____ Exemption Code (if applicable): _____

Product	Brand	Serial No.	Quantity	Gross Tr. Oz.	Fineness	For Depository Use Only		Trans No		
						Vault		Date	Initials	
						OUT	IN		1	2

Additional Product Info : _____

Additional Instructions: _____

Authorized Signature(s):
 1. _____ / 2. _____

DIRECT RELEASE: Date: _____ Released To: _____ /S/: _____	For IDS Use: CSO Initial
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