



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: _____