

# Submission Form



GEMOLOGICAL LABORATORY

Please complete all fields by handwriting or typing directly into the form. Submit the form with your item(s) to **GHI**.

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

**Customer Information:**

COMPANY OR ACCOUNT HOLDER \_\_\_\_\_

GHI ACCOUNT NUMBER \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

**GHI Gemological Laboratory Locations:**

580 Fifth Avenue, Suite 2750  
New York, NY 10036

550 South Hill Street, Suite 848  
Los Angeles, CA 90013

Dupont Building  
169 East Flagler Street, Suite 922  
Miami, FL 33131

**Order Information:**

MEMO (if applicable) \_\_\_\_\_

				CHECK ALL THAT APPLY							
JOB/LOT NUMBER	QUANTITY	CARAT WEIGHT	DIAMOND SHAPE / ITEM DESCRIPTION	ITEM TYPE		RESULT FORMAT			SPECIAL SERVICES (extra fees apply)		
				Loose White Diamond	White Diamond Jewelry	Preliminary Results	Printed Full Report	Digital Report (loose diamonds only)	Laser Inscription	Rush	
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<b>TOTAL QUANTITIES</b>											

**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  2<sup>nd</sup> Day  Registered Mail  Shipping label to be provided  Window Pick-Up by Pre-authorized Agent

AGENT NAME \_\_\_\_\_

*Note: Photo ID required for pick-up*

**Return Shipping Insurance Amount: \$** \_\_\_\_\_