



Please Mail, Fax or E-Mail Completed Forms to:

GBI
 750 Third Ave
 Suite 702
 New York, NY 10017
 FAX: 646-219-1615
 EMAIL: service@bullioninternational.com

Joint Application Form

Joint Tenants with Rights of Survivorship Joint Tenants in Common

Primary Account Owner Name (First, Middle, Last)*			Mr.	Mrs.	Ms.	Street Address*		
Social Security Number*	Date of Birth (MM/DD/YYYY)*		City*			State*	Postal Code*	
Telephone (Primary)*	Telephone (Alternate)		Country*			E-mail*		
United States Citizens or Resident Aliens*						International Applicants*		
Is this account subject to backup withholding?						Country of Citizenship:		
Yes - select form below and submit with application No <input type="checkbox"/> W9 <input type="checkbox"/> W8BEN <input type="checkbox"/> W8ECI <input type="checkbox"/> W8EXP <input type="checkbox"/> W8IMY						Passport #:		
						Select tax form & submit with application: <input type="checkbox"/> W9 <input type="checkbox"/> W8BEN <input type="checkbox"/> W8ECI <input type="checkbox"/> W8EXP <input type="checkbox"/> W8IMY		

Secondary Account Owner Name (First, Middle, Last)*			Mr.	Mrs.	Ms.	Street Address*		
Social Security Number*	Date of Birth (MM/DD/YYYY)*		City*			State*	Postal Code*	
Telephone (Primary)*	Telephone (Alternate)		Country*			E-mail*		
United States Citizens or Resident Aliens*						International Applicants*		
Is this account subject to backup withholding?						Country of Citizenship:		
Yes - select form below and submit with application No <input type="checkbox"/> W9 <input type="checkbox"/> W8BEN <input type="checkbox"/> W8ECI <input type="checkbox"/> W8EXP <input type="checkbox"/> W8IMY						Passport #:		
						Select tax form & submit with application: <input type="checkbox"/> W9 <input type="checkbox"/> W8BEN <input type="checkbox"/> W8ECI <input type="checkbox"/> W8EXP <input type="checkbox"/> W8IMY		

****By signing this form I attest that the above information is accurate and I also agree that I have read, understand and agree to the Account Opening and Disclosure Agreement, Terms of Use and Privacy Policy.**

Signatures**	
Signature:*	Date:*
Full Name (Print):*	

* Mandatory Field