

Transaction Request Form

Please FAX or EMAIL completed form to 905-362-2447 or contact@idsofcanada.com

WITHDRAW FROM:								
Account Name:	IDS Acco	IDS Account Number:		Requested By Authorized Signer (Please Print):				
Date of Request:	Number (1	umber (If Applicable):						
TRANSFER / RELEASE TO:								
Name:				IDS Account Number (If Applicable):				
Address:				City:				
State/Province:	Zip/Postal Code:			Country:				
TYPE OF SERVICE:								
☐ Direct Release ☐ Outgoing Shipment ☐ UPS Delivery: ☐ Expedite ☐ FedEx Delivery: ☐ 2 Day ☐ Canada Post: ☐ Expedite ☐ Other: ☐ Expedite	☐ Ground d ☐ Regular	☐ First Ove	rnight [/ Ove	ernight		
Fed Ex / UPS Account No: Recipient Phone No:				Harmonized Code:				
Product Serial N	i Qualitiv	<u>Fineness</u>		rernal Use Only Trans. No:				
	,		OUT	IN		<u>In</u>	<u>itials</u>	
Additional Product Info / Instructions	:					Date:		
	<u>Authoriz</u>	ed Signature(s <u>)</u> :				IDS CSR:	