BLANCHARD

THE GOLD STANDARD FOR THE INTELLIGENT INVESTOR

PRECIOUS METAL ACCUMULATION PROGRAM APPLICATION

Please complete the following information and mail with a voided check to
Blanchard and Company, Inc., P.O. Box 61740, New Orleans, LA, 70161-1740

Program Desired:

☐ Gold American Eagle Account ☐ Platinum American Eagle Account

Account Information (Please Print):

Name: ☐Mr. ☐Mrs. ☐Ms. _____
First Middle Initial Last

(If joint account)

Name: ☐Mr. ☐Mrs. ☐Ms. _____
First Middle Initial Last

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime #: _____ Evening #: _____ Date of Birth: _____

Payment Instructions: Begin debiting my account (indicated below) in the month of _____ (and each subsequent month) on the following day:

☐2nd ☐9th ☐17th ☐24th in the amount of $_____ ,
until such time that I direct in writing that the debiting be stopped or altered.

Account Opening Fee Payment Method:

☐Debit ☐Visa ☐MasterCard ☐American Express ☐Discover

Credit Card # : _____ Expiration Date: _____

Payment Selection:

☐Automatic Checking Account Debiting ☐Automatic Savings Account Debiting

Financial Institution Information:

Please send a voided check, even if you select Savings Account Debiting. Do NOT send deposit slips.

Name of Bank or Financial Institution: _____

City, State, Zip: _____

Routing#: _____ Account# _____

Account Holder's Signature (s):

_____ _____
Signature Signature

Please remember to attach a voided check for debiting. DO NOT SEND CASH.
Dates of coins delivered cannot be guaranteed. Fees are subject to change without notice.