



EXCHANGE FORM

Full Name :

Mailing Address:

City :

State : **Zip Code** :

Phone Number :

Tax ID Number :
Only for businesses

E-Mail :

How Would You Like To Get Paid? Or Donate To? :

Please write down the currencies you have:

If unknown please write unknown. If unsorted please write unsorted.

Country / Currency	Amount	Total

I have read and Agree to the terms and conditions

X _____

Date _____