



**Forgotten
Bucks.com**

EXCHANGE FORM

Full name:

Address line 1:

Address line 2:

City:

State:

Zip:

Phone number:

Email address:

How would you like to get paid?

Check Paypal Zelle Cashapp Venmo

Please provide email address or telephone number associated with your
Paypal / Zelle / Cashapp / Venmo account (if applicable):

Describe the products you are sending to us:

Florida Statute Section 538.32 requires us to obtain your driver's license number or
other government issued I.D. and signature.

Driver's license or Gov't issued I.D. No:

State:

You must sign here to receive your payment:

X..... Date:

My signature indicates that I agree to the Terms and Conditions. I hereby declare that the
information provided by me is true and correct, that I am over 18 years of age, and that I am
the lawful owner of enclosed items which are the subject of this transaction. I declare under
penalty of perjury that the foregoing is true and correct.