



PCGS SHOW SUBMISSION FORM

(PLEASE WRITE LEGIBLY - PCGS WILL NOT BE RESPONSIBLE FOR INCOMPLETE OR INACCURATE ORDERS. FAILURE TO COMPLETE SUBMISSION FORM WILL DELAY ORDER.)

SUBMISSION # _____

P.O. Box 9458, Newport Beach CA 92658
800-447-8848 - Fax: 949-567-1253
PCGS.com - info@PCGS.com

Join the Collectors Club (Automatic Renewal)
 SILVER \$69 GOLD \$149 PLATINUM \$249
Membership Required for Submission

PCGS USE ONLY

SERVICE: _____

QTY _____ DV _____

ORDER # _____ BOX _____

ITEM # _____

INV. TYPE _____

DATE RECEIVED _____

1 Member Name / Number: _____

2 RETURN SHIPPING ADDRESS (REQUIRED)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (_____) _____

EMAIL _____

3 SERVICE GROUP (ONE PER FORM)

STANDARD GOLD SHIELD **+\$5 PER COIN**

4 GENUINE OPTION (ONE PER FORM) APPLICABLE FOR COINS DEEMED NOT GRADABLE

HOLDER COINS WITH GENUINE DETAIL GRADES (DEFAULT) DO NOT HOLDER

5 SERVICE TYPE (ONE PER FORM)

GRADING REGRADE (+1%GP) CROSSOVER (+1%GP) REHOLDER RECONSIDERATION (+1%GP): FULL GRADE (DEFAULT) PLUS GRADE SUFFIX ANY

6 SERVICE LEVEL (ONE PER FORM) SERVICES INCLUDE GOLD SHIELD FEE

SERVICE LEVEL	MAX. COIN VALUE	GRADING FEE	EST. TIME	SERVICE LEVEL	MAX. COIN VALUE	GRADING FEE	EST. TIME	SERVICE LEVEL	MAX. COIN VALUE	GRADING FEE	EST. TIME
<input type="checkbox"/> SHOW RARITY	NONE	\$300 (+1%GP)	24 HOURS	<input type="checkbox"/> SHOW ECONOMY (5 COIN MIN)	\$2,500	\$70	END OF SHOW	<input type="checkbox"/> REHOLDER	\$100,000	\$20	END OF SHOW
<input type="checkbox"/> SHOW EXPRESS	\$100,000	\$300	24 HOURS	<input type="checkbox"/> SHOW GOLD (U.S. ONLY - 10 COIN MIN)	\$2,500	\$47	END OF SHOW	<input type="checkbox"/> RARITIES REHOLDER*	NONE	\$300	END OF SHOW
<input type="checkbox"/> SHOW	\$100,000	\$150	END OF SHOW	<input type="checkbox"/> SPECIAL LABEL:				<input type="checkbox"/> OTHER:			

7 COIN DETAILS

NO.	QTY.	COIN NUMBER (OPTIONAL)	DATE/MINT MARK	DENOM.	COIN DESCRIPTION/VARIETY	ADD-ON SERVICES		FOR ENCAPSULATED COINS ONLY			
						FIRST STRIKE (\$18)	TRUE VIEW (\$5)	GRADE	CERTIFICATION NUMBER	MIN. GRADE (OPTIONAL)	DECLARED VALUE (REQUIRED)
1						<input type="checkbox"/>	<input type="checkbox"/>				
2						<input type="checkbox"/>	<input type="checkbox"/>				
3						<input type="checkbox"/>	<input type="checkbox"/>				
4						<input type="checkbox"/>	<input type="checkbox"/>				
5						<input type="checkbox"/>	<input type="checkbox"/>				
6						<input type="checkbox"/>	<input type="checkbox"/>				
7						<input type="checkbox"/>	<input type="checkbox"/>				
8						<input type="checkbox"/>	<input type="checkbox"/>				
9						<input type="checkbox"/>	<input type="checkbox"/>				
10						<input type="checkbox"/>	<input type="checkbox"/>				
11						<input type="checkbox"/>	<input type="checkbox"/>				
12						<input type="checkbox"/>	<input type="checkbox"/>				
13						<input type="checkbox"/>	<input type="checkbox"/>				
14						<input type="checkbox"/>	<input type="checkbox"/>				
15						<input type="checkbox"/>	<input type="checkbox"/>				
16						<input type="checkbox"/>	<input type="checkbox"/>				
17						<input type="checkbox"/>	<input type="checkbox"/>				
18						<input type="checkbox"/>	<input type="checkbox"/>				
19						<input type="checkbox"/>	<input type="checkbox"/>				
20						<input type="checkbox"/>	<input type="checkbox"/>				

TOTAL # OF COINS: _____ TOTAL DECLARED VALUE: _____

TOTAL ADD ON FEES: X \$18 X \$5

8 ALTERNATE RETURN SHIPPING (OPTIONAL) ADD \$2 PER ORDER - IF USING ALT. SHIPPING OPTION YOU MUST PROVIDE YOUR OWN ACCOUNT # AND INSURANCE COVERAGE

SHIPPING TYPE: PICKUP FEDEX EXPRESS MAIL DELIVERY SPEED _____

SIGNATURE REQUIRED: YES NO ACCOUNT # _____ INSURANCE LIMIT (PERSONAL COVERAGE) _____

9 FEE CALCULATION (REQUIRED) ALL FEES MUST BE PAID IN USD

FEE DESCRIPTION	# OF COINS	X	FEE	=	TOTAL
SERVICE LEVEL FEE					
GOLD SHIELD FEE			\$5.00		
ADD ON FEES					
SPECIAL LABEL FEE					
HANDLING FEE					\$10.00
CC MEMBERSHIP FEE					
RETURN SHIPPING FEE					
ESTIMATED TOTAL CHARGES					

10 PAYMENT METHOD (REQUIRED)

PAYMENT TYPE: CASH CC LOC CCOF CHECK/MONEY ORDER# _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ CARDHOLDER SIGNATURE _____

11 AUTHORIZED SIGNATURE / TERMS & CONDITIONS

TERMS AND CONDITIONS: I HAVE READ AND AGREE TO THE PCGS GRADING TERMS AND CONDITIONS ON THE BACK OF THIS FORM AND I ACCEPT FULL RESPONSIBILITY FOR COMPLETELY AND ACCURATELY FILLING OUT THE SUBMISSION FORM. IF COINS ARE SUBMITTED FOR SERVICES FOR WHICH THEY DO NOT QUALIFY, SIGNATURE BELOW AUTHORIZES PCGS TO CORRECT THE ORDER AND CHARGE ANY ADDITIONAL GRADING, GUARANTEE PREMIUM, HANDLING AND SHIPPING FEES THAT MAY APPLY.

AUTHORIZED SIGNATURE (REQUIRED) ORDER WILL NOT BE PROCESSED WITHOUT SIGNATURE DATE

