

SHIPPING INFORMATION FORM

2021

Please assist us to provide you with the best possible service. This form is used to update your account contact, shipping and insurance information with the CCG Companies. If using FedEx, UPS or USPS Express Mail, you must provide your own account number with the selected shipping company and the amount of private insurance coverage below.



IMPORTANT: The CCG Companies do **not** provide insurance for international shipments or for any shipments sent via FedEx, UPS or USPS Express Mail. Please indicate the private insurance amounts that you carry for any such shipments below. We will use our best efforts to ship your items to you such that shipments are within the limits of your insurance coverage. If you do not indicate your insurance limits below, or if you indicate \$0, we will make shipments as you have instructed, but you understand that these shipments will not be insured. Note that USPS Registered Mail shipments WILL be insured to United States addresses, but only based on your declared value and up to \$100,000 per shipment.

Please return this completed and signed form to: CCG, Attention: Customer Service, P.O. Box 4711, Sarasota, FL 34230, Fax: 941-360-2553, Email: service@collectiblesgroup.com.

If we do not receive this form by the time your collectibles are ready to ship, we will automatically send them back to you via USPS Mail, which will not be insured if sent to international addresses.

1 CONTACT INFORMATION

Company / Member Name	Member Number	
Address	Apartment, Suite, Floor	
City	State / Province	Postal Code
Country	Contact Person	
Phone	Fax	Email

2 SHIPPING INFORMATION

Same as above information

Company Name	Apartment, Suite, Floor	
Address	State / Province	Postal Code
City	Contact Person	
Country	Email	
Phone	Fax	

3 SHIPPING AND INSURANCE INFORMATION (Choose only one.)

SHIPPING SERVICES

Please select your service:

- FedEx** **UPS**
(Choose one.)
 Always
-OR-
 Only when requested

INSURED VALUE LIMITS

This information is required for expedited delivery services. Please complete this section in full.

Your FedEx OR UPS account # (Required): _____

Your **Per Box** Insurance Limit (Required): _____

Your **Per Day** Insurance Limit (Required): _____

Ship on Friday (Required): Yes No

Specify delivery:

Next day a.m. Next day p.m. 2-day Saturday delivery Ground International

USPS Express Mail

(Choose one.)

- Always
-OR-
 Only when requested

This information is required for expedited delivery services. Please complete this section in full.

Your Express Mail account # (Required): _____

Your **Per Box** Insurance Limit (Required): _____

Your **Per Day** Insurance Limit (Required): _____

Ship on Friday (Required): Yes No *If yes, Saturday delivery:* Yes No

USPS Registered Mail (Available for US shipments only)

(Choose one.)

- Always
-OR-
 Only when requested

Your **Per Box** Insurance Limit (Required): _____

Your **Per Day** Insurance Limit (Required): _____

Please update shipping information for: NGC and NCS PMG CGC and CCS CSG

If you do not select a company, your shipping information will be updated for all CCG Companies. If you wish to provide multiple shipping addresses and/or contacts, please fill out a separate form for each CCG Company.

4 SPECIAL INSTRUCTIONS OPTIONAL

I understand and agree that these instructions will be used to update my account contact, shipping and insurance information with the CCG companies I have selected. I understand that CCG Companies are not able to provide insurance on any international shipments and on any shipments sent via FedEx, UPS or USPS Express Mail. I have read and understand the terms above and represent that all information that I have provided is accurate.

Authorized Signature _____ Print Name _____ Date _____

WRITTEN AUTHORIZATION IS REQUIRED FOR ANY FURTHER CHANGES. PLEASE NOTIFY US OF CHANGES IMMEDIATELY BY FAX: 941-360-2553.