



SUBMISSION FORM

PLEASE CHECK ONE: DEALER COLLECTOR

DATE _____

Total Coins _____ X Tier Service \$ _____ = \$ _____
 MAC Fees _____ X Tier Service \$ _____ = \$ _____
 Postage \$8.95 (1st 5 items) & 50¢ each additional \$ _____
 Insurance 1% of total coins sent \$ _____
TOTAL ENCLOSED \$ _____

Name _____	Shipping Method USPS
Address _____	Please provide us with your account number for the following services:
City _____ Tel. _____	
State _____ Zip _____	Account# _____
E-mail: _____	<input type="checkbox"/> FedEx <input type="checkbox"/> USPS Express Mail
PUBLIC 5 COIN MINIMUM	<input type="checkbox"/> UPS <input type="checkbox"/> Other
2 WEEK SERVICE PER SLAB \$12.00	Insurance Amount \$ _____
1 WEEK SERVICE PER SLAB \$15.00	Signature _____
3 DAY SERVICE PER SLAB \$20.00	NOTES : _____
1 DAY SERVICE PER SLAB \$25.00	
Coins over \$2,000.00 are 1% of MAC value	

	QTY.	DATE	MINT MARK	COUNTRY	MS/PF	VARIETY	SERIAL #	VALUE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

MAC USE ONLY DATE REC. _____ TOTAL _____

NAME _____ EXP. (MM/YY) _____ SIGNATURE _____
AS IT APPEARS ON THE CARD
 CARD # _____ SECURITY CODE _____

