

# SHIPPING INFORMATION FORM

1.2023

This form is used to update your account contact, shipping and insurance information with the CCG Companies.

Please return this completed and signed form to: CCG, Attention: Customer Service, P.O. Box 4711, Sarasota, FL 34230,  
Fax: (+1) 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, at your expense, via FedEx with insurance coverage of up to \$100,000 per package for US shipments and up to \$50,000 per package for international shipments.

## 1 CONTACT INFORMATION

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

## 3 SHIPPING AND INSURANCE INFORMATION

Return ship via CCG's standard method -OR-  Return ship via **Customer's** preferred method and account.

**IMPORTANT:** ONLY FILL OUT THE SECTION BELOW IF YOU WISH TO USE YOUR **OWN** FedEx, UPS or USPS Express Mail account for return shipping. You must provide your account number and indicate the private insurance amounts that you carry for any such shipments. We will use reasonable 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 and you assume all risk of loss or damage during return shipment. CCG does not procure insurance for shipments made on a customer's own account.

If you do not provide your own account number, we will automatically ship your collectibles back to you, at your expense, via FedEx with insurance coverage procured by CCG of up to \$100,000 per package or US shipments and up to \$50,000 per package for international shipments.

### 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

**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

DISCLAIMER: Changes to customer address or shipping information may take up to ten (10) business days to take effect and cannot be guaranteed for submissions already in process. CCG will send you a confirmation email once the changes have been made.

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 the CCG Companies do not provide or procure insurance for any shipments made using my own shipping account with 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 EMAIL: SERVICE@COLLECTIBLESGROUP.COM OR FAX: (+1) 941-360-2553.**