

MAIL-IN FORM (Page 2)

We are happy to have your item(s) signed, but we must do so under the following terms and conditions:

Return Item Insurance

- Please insure your item(s) as we are not responsible for any loss or damage caused by a carrier.
- If the value amount exceed \$100, insurance must be added to the order.
- The below insurance form covers your item(s) when they are sent back to you via FEDEX only.
- If you do not need additional insurance, based on the value of your item being less than \$100, please write 0 in Line 1 below, and fill out the rest of the form.

*****Insurance is only needed (and required) if an item you are sending is valued over \$100 BEFORE the autograph(s) you are requesting has been signed on your item:**

Item Description	Item Value Pre-Signature

Line 1	Total Insurance: \$.50 per \$100 Example: (\$200=\$1.00; \$300=\$1.50; \$400=\$2.00)	
Line 2	Total from Page 1	
Line 3	(Line 1 + Line 2) TOTAL DUE:	

Payment/Shipping Information

PAYMENT BY CHECK / MONEY ORDER		
Check/MO#	Amount	
PAYMENT BY CREDIT CARD		
Name on Card		
Credit Card #		
Exp. Date		Billing Zip
*CVV#		
<small>*If paying by credit card, you MUST provide a CVV#. The CVV# is a 3-digit number located on the back of your card, following the last 4-digits of your credit card number (for American Express, this is a 4-digit number located on the front of your card, following the card number.)</small>		

CUSTOMER SHIPPING INFORMATION		
ALL FIELDS ARE REQUIRED- Please write legibly		
Name		
Address <small>(NO P.O.BOX)</small>		
City/State/Zip		
Address Type (Circle)	Home	Office
Daytime Phone #		
Email		

This form must be completely filled out and signed by you, the customer.

We strongly recommend that you package your item(s) securely.

All of the above terms and conditions on both pages are hereby expressly agreed to and accepted by:

Signature: _____ **Date:** _____

*** Completely fill out this 2-page form and sign above. Please send in both pages of the form***