

# RETURN SHIPPING AUTHORIZATION

Business/Collector Name: \_\_\_\_\_ Submitter ID#: \_\_\_\_\_

## FEDERAL EXPRESS

Federal Express Account #: \_\_\_\_\_

Select Default Method:  PRIORITY OVERNIGHT or  STANDARD OVERNIGHT or  2 DAY

Insurance Limit per Package: \$ \_\_\_\_\_ Friday Shipments:  Yes  No

Special Instructions: \_\_\_\_\_

Label Packages as:

From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EXPRESS MAIL

Express Mail Corporate Account #: \_\_\_\_\_

Insurance Limit per Package: \$ \_\_\_\_\_ Friday Shipments:  Yes  No

Special Instructions: \_\_\_\_\_

Label Packages as:

From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REGISTERED MAIL

Insurance Limit per Package: \$ \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Label Packages as:

From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned acknowledges that Collectibles Quality Assurance Company, LLC will use the information provided on this form to return submissions to you using your insurance. If your insurance information changes it is your responsibility to notify us with the correct information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_