



NEW JERSEY OFFICE DROP-OFF WAIVER

CUSTOMER NAME: _____

SUBMISSION NUMBER(S): _____

The submitter acknowledges dropping off submission # _____ at the PSA New Jersey office and releases PSA of all responsibility regarding the quantity, identification, and description of the individual cards. The submitter understands the package should be ready for shipment when provided to a PSA New Jersey representative and will allow PSA to make any necessary adjustments to the submission forms to reflect current PSA services and fees once it arrives at PSA headquarters. This may result in additional grading and shipping fees.

Furthermore, the submitter allows PSA to separate orders in accordance to PSA's requirements such as separation based on service levels and types (tallboys, coins, pins, etc.) Items not submitted in the correct order will result in a 5% service charge on your order and longer processing time.

PSA exercises reasonable care in handling all submitted items. However, if PSA determines that the customer's item was lost or damaged while in transit or in its possession, the submitter agrees to abide by the guidelines outlined in Section 5 of the PSA Terms & Conditions.

Printed Name: _____

Signature: _____ Date: _____

Account Number: _____

PSA NJ Representative: _____

