

SGS SUBMISSION FORM

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Submitter (PRINT) Email Address _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone () _____ Fax () _____ B2B Station _____ InfoNet Station _____	Ship to (If different) Name _____ Address _____ City _____ State _____ Zip _____ Phone _____
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We grade uncirculated coins. We grade Proof Dollars. We grade all Proof coins 1936 and forwards.

YEAR	MINT MARK	DENOM.	VARIETY/DESIGNATION	INSURANCE VALUE	FOR OFFICE USE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Total No. of _____ Submis sions	9 or fewer submissions are \$10.00 each. 10 or more submissions are \$9.00 each.	Total Insurance Value _____		
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Check one, we accept ☐ **Personal Checks,** ☐ **Money Orders/Cashier's Checks,** ☐ **Visa/MC/Discover.**

Number of Coins	Declared Value for Insurance				_____ Coins X _____ Fee = _____
	\$0 - \$100	\$101 - \$999	\$1,000 - \$4,999	\$5000 - UP	
1 – 5	\$13.00	\$15.00	\$18.00	Contact Us	Postage and Handling = _____
6 – 10	\$15.00	\$17.00	\$20.00	Contact Us	
11 – 20	\$18.00	\$20.00	\$23.00	Contact Us	
21 – 50	\$22.00	\$23.00	\$27.00	Contact Us	
51 – 100	\$29.00	\$30.00	\$34.00	Contact Us	
100 and UP	Contact Us	Contact Us	Contact Us	Contact Us	Total = _____
					CC # _____ Exp _____