



## NEW JERSEY OFFICE DROP-OFF WAIVER

CUSTOMER NAME: \_\_\_\_\_

SUBMISSION NUMBER(S): \_\_\_\_\_

The submitter acknowledges dropping off Submission # \_\_\_\_\_ at the PSA New Jersey office. The submitter understands they will have 20 business days from the initial point of contact after submission completion to pick up their order.

In the event of an unsuccessful pick-up and/or ignored correspondence from a PSA rep, the submitter understands and agrees that shipping fees will be applied and charged. The submission will be shipped to the address provided on the submission form and insured for the value listed on the submission form. In no event shall PSA's liability exceed the amount listed on the submission form.

Lastly, the submitter also understands the authentication results for their submission will be available to view once they pick up their items. PSA exercises reasonable care in handling all submitted items. However, if PSA determines the submitter's item(s) was lost or damaged while in transit or in PSA's possession, the submitter agrees to abide by the guidelines outlined in Section 5 of the PSA terms and conditions.

Printed Name: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

PSA NJ Representative: \_\_\_\_\_

