



SEVEN SEAS GRADING COMPANY

Box 803
Blairmore, AB
T0K 0E0

(403) 634-4956
info@ssgccoins.ca
www.ssgccoins.ca

1-7 Coins
Handling = \$10

 8-15 Coins
Handling = \$20

	Country			Coin Denomination	Year	Declared Value	Variety	Total
	CA	USA	Other					
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Office Use Only

Received by: _____ Date: _____

Coins Submitted: _____ Coins Received: _____ Weight: _____ WO#: _____

Recorded by: _____ Video ID: _____

Comments: _____

Return Shipping		\$30.00
Handling		
Coupon Code		-\$
Subtotal		
PST	HST	
GST		
TOTAL		



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Personal Information (as registered on ssgccoins.ca)

Name: _____ Phone: _____

Email (As registered on ssgccoins.ca): _____

Mailing Information

Mailing Address _____

City: _____ Prov/St: _____ PC/Zip: _____

Billing Information

Billing Address _____

City: _____ Prov/St: _____ PC/Zip: _____

Credit Card Number: _____ Expiry: _____ CCV: _____

Declaration / Release

I, the undersigned declare, as owner of the coin(s) submitted to SSGC, that the coin(s) that I have submitted are original and authentic and have been issued by an original coin-issuing agent or mint. I agree that in the event SSGC determines a coin(s) to be counterfeit that SSGC will retain the coin(s) in question and shall notify the appropriate law enforcement agencies and take any other action permitted by applicable law.

I authorize SSGC to remove a coin from its packaging in order to process and complete the grading service. I acknowledge that damage may be caused to the coin during the removal process because of the manner in which I packaged the coin and through no fault of SSGC. I therefore release SSGC and its agent from all loss or damage I may suffer as a result of any damage to the coin which occurs during the removal process due to the manner in which I packaged the coin. I acknowledge that SSGC will not grade coins which, in the judgement of SSGC, are diseased, counterfeit or altered. I further acknowledge that SSGC will issue a refund to me for the cost of the unused capsule(s) for all coins that SSGC determines to be diseased, counterfeit or altered and that I shall forfeit all grading, shipping and handling fees paid to SSGC in respect of such coin(s). I release SSGC and its agent of all loss or damage I may suffer as a result of SSGC's determination that the coin(s) are diseased, counterfeit or altered. All dollar amounts are in Canadian Funds (CAD).

- I agree to above declaration/release
- I agree to terms at www.ssgccoins.ca/terms

Signature: _____ Date: _____