

# Bennett's Artifact Authentication Request Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Artifact 1 Reported Found Location \_\_\_\_\_

Style/type if known \_\_\_\_\_ Material if known \_\_\_\_\_

- Authentication - Standard COA \$25 (\$20 if 3 or more relics) Total \$ \_\_\_\_\_
- Authentication with 8x11 Micro Photo COA \$35 (\$30.00 if 3 or more relics)
- Photography Package \$4.95

Artifact 2 Reported Found Location \_\_\_\_\_

Style/type if known \_\_\_\_\_ Material if known \_\_\_\_\_

- Authentication - Standard COA \$25 (\$20 if 3 or more relics) Total \$ \_\_\_\_\_
- Authentication with 8x11 Micro Photo COA \$35 (\$30.00 if 3 or more relics)
- Photography Package \$4.95

Artifact 3 Reported Found Location \_\_\_\_\_

Style/type if known \_\_\_\_\_ Material if known \_\_\_\_\_

- Authentication - Standard COA \$25 (\$20 if 3 or more relics) Total \$ \_\_\_\_\_
- Authentication with 8x11 Micro Photo COA \$35 (\$30.00 if 3 or more relics)
- Photography Package \$4.95

Artifact 4 Reported Found Location \_\_\_\_\_

Style/type if known \_\_\_\_\_ Material if known \_\_\_\_\_

- Authentication - Standard COA \$25 (\$20 if 3 or more relics) Total \$ \_\_\_\_\_
- Authentication with 8x11 Micro Photo COA \$35 (\$30.00 if 3 or more relics)
- Photography Package \$4.95

Artifact 5 Reported Found Location \_\_\_\_\_

Style/type if known \_\_\_\_\_ Material if known \_\_\_\_\_

- Authentication - Standard COA \$25 (\$20 if 3 or more relics) Total \$ \_\_\_\_\_
- Authentication with 8x11 Micro Photo COA \$35 (\$30.00 if 3 or more relics)
- Photography Package \$4.95

### Shipping Insurance rates

\$1 to \$100 \$2.25      \$100.01 to \$200 \$2.75  
\$200.01 to \$300 \$4.70      \$300.01 to \$400 \$5.70  
\$400.01 to \$500 \$6.70      \$500.01 to \$600 \$7.70  
\$600.01 to \$5000 = \$7.70 plus \$1.00 per \$100 or fraction thereof over \$600

Return Shipping \$6.95

Optional Insurance \$ \_\_\_\_\_

Amount of Insurance \$ \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

Payment enclosed       Please bill my credit card

Visa     M/C     Discover

Card # \_\_\_\_\_ Ex. Date \_\_\_\_\_

Mail To:  
Jim Bennett  
P.O. Box 315  
Polk, OH 44866