

Card Grading Submission Form

CUSTOMER NAME: _____
 EMAIL ADDRESS: _____
 PHONE NUMBER: _____

DATE: _____
 ACCEPTED BY: _____
 GRADING COMPANY: PSA / SGC / CSG

QUANTITY	YEAR	SET	PLAYER NAME	PARALLEL	CARD NUMBER	SERIAL NUMBER	GRADED CARD VALUE

LEVEL	MAX VALUE	ESTIMATED TURNAROUND TIME
BULK \$18	\$199	120 DAYS
VALUE \$30	\$499	90 - 120 DAYS
ECONOMY \$50	\$999	45 - 90 DAYS
REGULAR \$100	\$1,499	15 - 30 DAYS
EXPRESS \$150	\$2,499	14 DAYS
SUPER EXP \$300	\$4,999	7 DAYS

TOTAL ESTIMATED CHARGE: _____ A 3% fee will be added for credit card payments.

CUSTOMER SIGNATURE: _____