

# Card Grading Submission Form

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

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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

LEVEL	MAX VALUE	ESTIMATED TURNAROUND TIME
TCG \$20	\$200	45 DAYS
BULK \$22	\$500	45 DAYS
REGULAR \$73+shipping	\$1,500	10 DAYS
EXPRESS \$139+shipping	\$2,500	5 DAYS
SUPER EXP \$274+shipping	\$5,000	5 DAYS

CARD LEVEL \$	# OF CARDS	TOTAL
_____	_____	_____
_____	_____	_____
_____	_____	_____

A 3% fee will be added for credit card payments  
 Customer responsible for any upcharges assessed by PSA

TOTAL ESTIMATED CHARGE: \_\_\_\_\_  
 PAID (Circle One): Cash / Card / Store Credit

CUSTOMER SIGNATURE: \_\_\_\_\_

PICKED UP: \_\_\_\_\_ DATE \_\_\_\_\_