

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 \$21	\$200	65 DAYS
BULK \$23	\$500	65 DAYS
REGULAR \$75+ \$20 shipping	\$1,500	10 DAYS
EXPRESS \$146+ \$35 shipping	\$2,500	5 DAYS
SUPER EXP \$289+ \$35 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 _____