



SUBMISSION FORM

Card Information							
#	Sport	Qty.	Year	Set Name (Fleer, Donruss, Etc.)	Card	Player Name	Declared Value
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
TOTAL QTY.			Note: Use second sheet for additional cards.				

" see this column to determine return insurance

Personal information		
Ship to: (Please Print Clearly)		Employee Use Only
Name:		Invoice # :
Address:		Job # :
Please check one: <input type="checkbox"/> Residential <input type="checkbox"/> Business		
City:		Date Received:
State:	Zip:	Received By:
Phone:		
E-mail:		
		<input type="checkbox"/> Priority Overnight <input type="checkbox"/> 2 Day <input type="checkbox"/> Express Saver <input type="checkbox"/> Ground <input type="checkbox"/> My FedEx Account # <input type="checkbox"/> International Shipping

Payment information																		
Payment Options:	Calculating Your Total Payment	Grading Service And Prices																
<input type="checkbox"/> Check/Money Order (Please, DO NOT send cash) <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AX <input type="checkbox"/> Disc. Card #: Exp. Date: 3 Digit Cvs #: Name: Signature:	1. Total # of cards: _____ 2. Grading Fee Per Card \$ _____ 3. Line 1 X 2 for total grading fee \$ _____ 4. Return insurance (see Table) \$ _____ 5. Return postage (see Table) \$ _____ Total (add lines 3, 4 & 5) \$ _____	Cost per card. Check one box only. <table border="1"> <thead> <tr> <th>Service</th> <th>1-9 cards</th> <th>10-50 cards</th> <th>51+ cards</th> </tr> </thead> <tbody> <tr> <td>7 days</td> <td><input type="checkbox"/> \$50/card</td> <td><input type="checkbox"/> N/A</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>15 days</td> <td><input type="checkbox"/> \$35/card</td> <td><input type="checkbox"/> N/A</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>20 days</td> <td><input type="checkbox"/> \$25/card</td> <td><input type="checkbox"/> \$20/card</td> <td><input type="checkbox"/> \$15/card</td> </tr> </tbody> </table>	Service	1-9 cards	10-50 cards	51+ cards	7 days	<input type="checkbox"/> \$50/card	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	15 days	<input type="checkbox"/> \$35/card	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	20 days	<input type="checkbox"/> \$25/card	<input type="checkbox"/> \$20/card	<input type="checkbox"/> \$15/card
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Signature: _____	Date: _____	Promotion Code: _____
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