



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	Ship Via:
Name:	Invoice # :	☐ Priority Overnight ☐ 2 Day ☐ Express Saver ☐ Ground ☐ My FedEx Account # ☐ International Shipping
Address:	Job # :	
Please check one: ☐ Residential ☐ Business	Date Received:	
City:	Received By:	
State: Zip:		
Phone:		
E-mail:		

Payment information																		
Payment Options:	Calculating Your Total Payment	Grading Service And Prices																
☐ Check/Money Order (Please, DO NOT send cash) ☐ Visa ☐ MC ☐ AX ☐ 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>☐ \$50/card</td> <td>☐ N/A</td> <td>☐ N/A</td> </tr> <tr> <td>15 days</td> <td>☐ \$35/card</td> <td>☐ N/A</td> <td>☐ N/A</td> </tr> <tr> <td>20 days</td> <td>☐ \$25/card</td> <td>☐ \$20/card</td> <td>☐ \$15/card</td> </tr> </tbody> </table>	Service	1-9 cards	10-50 cards	51+ cards	7 days	☐ \$50/card	☐ N/A	☐ N/A	15 days	☐ \$35/card	☐ N/A	☐ N/A	20 days	☐ \$25/card	☐ \$20/card	☐ \$15/card
Service	1-9 cards	10-50 cards	51+ cards															
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20 days	☐ \$25/card	☐ \$20/card	☐ \$15/card															

Signature: _____	Date: _____	Promotion Code: _____
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