LTD Authentic 16 Sconticut Neck Rd. #212 Fairhaven, MA 02719 774-319-5200



SUBMISSION FORM

OFFICE USE ONLY Invoice #: Date Received: Order Level: Order Type: Sales Rep: Payment Type: Completion Date:

	SH	IPPINO	G IN	FORM	MAT	ION		che	eck	if s	ame)						
Name:	Name:																	
Company:	Company:																	
Address:	Address:																	
City:	City:					St	tate:	:										
Phone (Prin	nary):	Phone (Seco	ndary):															
Email:	Email (2):																	
LINE #	QTY	YEAR	CARD#		CTURER/ NAME			LAYER NAME						Ι	DECLARED VALUE			
1.														\$				
2.														\$				
3.														\$				
4.														\$				
5.														\$				
6.														\$				
7.														\$				
8.														\$				
9.														\$				
10.														\$				
11.														\$				
12.														\$				
13.														\$				
14.														\$				
15.														\$				
16.														\$				
17.														\$				
18.														\$				
19.														\$				
20.								1						\$				
Total Qty:Please use an additional st				heet(s) if needed					tal E) ecla	red	Va	lue	:: \$				
	*Custom 3rd Line																	
SERVICE LEVEL / PRICING				ORDER TOTAL					BI	LLIN	١G	INF	O	RM	ATI	ON	I	
Service	QTY	Card	Encapsulation	Total # of Cards: \$				🗆 Credit Card 🗆 Check 🗆 Cash										
Level	Level		Only	Grading Fee per card: \$			Nam	e:										
10 Days	1-20 cards	\$50 / card	\$40 / card	(multiply	lines 1&2) Total:	1&2) Total: \$												
10 Days	21+ cards	\$40 / card	\$30 / card	**Return Shipping: \$				Exp]	Date									
25 Days	Any	\$25 / card	\$20 / card		**Insurance:		CVC Code:											
45 Days	1-20 cards	\$20 / card	\$18 / card		(MA 6.25%):	-												
45 Days	21+ cards	\$18 / card	\$15 / card	Order Total:	\$		Signa	ature	:									

**Use Rates on Back of this form

I have read and agree to all terms and conditions listed on this form, the Submission Terms and Conditions (on the reverse of this form) and on www.ltdsports.com/pages/grading-authentication.

Date: