



CGC Trading Cards Submission Form

The Card Vault is an Authorised Dealer for CGC Trading Cards.

Once you have read and understood the submission process on our website, please carefully fill out and submit the form below. If you have any issues or questions, please don't hesitate to reach out and contact us via our Contact Us form, Live Chat or any of our social media platforms.

We want to ensure your submission and grading process is as smooth and enjoyable as possible.

Customer Details

First Name *

Last Name *

Email Address *

Phone Number

Return Shipping Address

Street Address *

Street Address Line 2

City *

Post Code *

Grading Submission Form

Please use the form below to list the details of the Trading Cards that you are sending in for submission. By providing us with this information, and ordering your cards correctly, we can input your card details into the CGC Submission System quickly and efficiently. **Please list your cards in the same order that they will be sent in and in groups of the same service level.**

If you are submitting any error cards, please add a comment for each card in the Additional Comments section at the bottom of this form.

	Card Name	Set Name	Card Number	Service	Error	Sub-Grades	HD Scan
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CrossOver Submission Form

If you are submitting cards currently in a PSA, Beckett, or SGC case, which you would like encapsulated by CGC Trading Cards, please add them to the CrossOver Submission Form below. Please select 'Any Grade' or 'Same Grade'.

Any Grade: CGC will encapsulate your card no matter what grade it receives

Same Grade: CGC will only encapsulate your card if it grades the same as its current grade (or higher)

	Card Name	Set Name	Card Number	Service	Error	Sub-Grades	HD Scan	Any Grade *	Same Grade *
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ReHolder Submission Form

If you are submitting a card which is already encapsulated in a CGC case and would like it to be encapsulated in a new CGC case, please add them to the ReHolder Submission Form below.

	Card Name	Set Name	Card Number	HD Scan
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
6				<input type="checkbox"/>
7				<input type="checkbox"/>
8				<input type="checkbox"/>
9				<input type="checkbox"/>
10				<input type="checkbox"/>
11				<input type="checkbox"/>
12				<input type="checkbox"/>
13				<input type="checkbox"/>
14				<input type="checkbox"/>
15				<input type="checkbox"/>
16				<input type="checkbox"/>
17				<input type="checkbox"/>
18				<input type="checkbox"/>
19				<input type="checkbox"/>
20				<input type="checkbox"/>
21				<input type="checkbox"/>
22				<input type="checkbox"/>
23				<input type="checkbox"/>
24				<input type="checkbox"/>
25				<input type="checkbox"/>
26				<input type="checkbox"/>
27				<input type="checkbox"/>
28				<input type="checkbox"/>
29				<input type="checkbox"/>
30				<input type="checkbox"/>
31				<input type="checkbox"/>
32				<input type="checkbox"/>
33				<input type="checkbox"/>
34				<input type="checkbox"/>
35				<input type="checkbox"/>
36				<input type="checkbox"/>
37				<input type="checkbox"/>
38				<input type="checkbox"/>
39				<input type="checkbox"/>
40				<input type="checkbox"/>

Additional Comments

Please add any additional comments or notes for your submission. Please let us know any details about the error cards you are submitting.

Terms & Conditions

Please carefully read our terms & conditions before submitting your form. When you accept the T&C's and submit your form, you accept and agree to be bound by the terms and provisions set within this agreement. If you have any questions or queries about our T&Cs, please reach out to us before submitting your form.

I agree to Terms & Conditions *