



Grading Form

CONTACT INFORMATION

NAME: _____
 Home Address _____
 City _____ Zip Code _____
 Phone Number _____ Email _____

SUBMISSION INFORMATION

#	Quantity	Year	Set Name	Card #	Card/Player Name	Serial #/ Attribute	Declared Value
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

NOTE: USE SECOND SHEET FOR ADDITIONAL CARDS

GRADING SERVICE & COST

Total Cards In Order: _____ Request Service Level: _____ Estimated Total: _____

NO RETURNS, 30 DAY PICK UP, UPCHARGE NOTICE & DISCLAIMER

No returns, all grading sales are final. If cards are not picked up after 30 days they become the property of Shep's. Any up-charge given by PSA due to final declared value is passed on to the customer and to be paid in full at the time of pickup. Shep's is not responsible for any loss incurred from the parcel carrier damaging or losing cards in transit to or from grader. Submissions are done at your own risk. Signing below releases Shep's from any financial responsibility in the event of carrier negligence. Additional insurance can be purchased @ \$5 per \$500 if desired.

Customer Signature: _____

____/____/____

Received By: _____