

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

# Cards Submitted: \_\_\_\_\_  
Review Only \_\_\_\_ Grading Only \_\_\_\_  
Review and Grading \_\_\_\_  
Payment Method (review only): \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

Please list each card submitted below

Year	Card #	Serial # / Parallel	Player	Defects	Grade
1				1	
2				2	
3				3	
4				4	
5				5	
6				6	
7				7	
8				8	
9				9	
10				10	
11				11	
12				12	
13				13	
14				14	
15				15	
16				16	
17				17	
18				18	
19				19	
20				20	
21				21	
22				22	
23				23	
24				24	
25				25	
26				26	
27				27	
28				28	
29				29	
30				30	
31				31	
32				32	
33				33	
34				34	
35				35	
36				36	
37				37	

Submit Cards to: Card Review, LLC PO Box 166 Canonsburg, PA 15317