



SEND ALL CARDS TO:
MCG Submission Center
418 N. Federal Hwy.
Pompano Beach, FL 33062
www.MicroCardGrading.com | 954-306-2705

MCG USE ONLY			
DATE	RECEIVED BY	LOCATION	TIME

INVOICE NUMBER

YOUR NAME:	EMAIL:	GOLD CLUB #: (IF MEMBER)	CUSTOMER NUMBER:
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SHIP TO:

NAME			
ADDRESS			
CITY	STATE	ZIP	
PHONE #			

HOW TO SHIP: (choose your preferred method)

<input type="checkbox"/> Postal Delivery *see shipping chart on front page	
<input type="checkbox"/> FedEx Delivery (See chart)	<input type="checkbox"/> Ground
USE MY FEDEX ACCOUNT #:	<input type="checkbox"/> 2-Day
* Prices include signature confirmation. See attached FedEx Shipping worksheet.	<input type="checkbox"/> Standard Overnight
	<input type="checkbox"/> Priority Overnight
	<input type="checkbox"/> First Overnight

GRADING SERVICE: Please visit our website at www.MicroCardGrading.com to see the most current pricing turnaround times.

SERVICE

- ☐ Standard \$20 per card & 20 days turn around time
- ☐ Express \$35 per card & 10 days turnaround time

* MCG reserves the right to adjust the amount due if errors are detected in calculations, insurance values or shipping costs.

For Card Grading only - No Autographed Items (Except licensed pack pulled autographs, post 2000)

ITEM #	QTY	YEAR	MANUFACTURER	PLAYER NAME	CARD # OR DESIGNATION	VARIATION OR COMMENTS I.e. Rookie, Minimum Grade, etc.	DECLARED VALUE (per card)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

(Sign to Agree to Terms and Conditions) **X** _____

TOTAL INSURED VALUE: \$ _____

QUESTIONS?
NEED MORE
SUBMISSION FORMS?

Call MCG at
954-306-2705

Or visit our website at
www.MicroCardGrading.com

CALCULATING AMOUNT TO BE PAID TO MCG:

1. Total # of cards: _____ = \$ _____
2. Return Shipping total (calculate using worksheets on page 1) \$ _____
If a shipping method is not selected, MCG will select the appropriate shipping method.
TOTAL \$ _____

PREFERRED FORM OF PAYMENT

Please bill my: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

CREDIT CARD # _____ EXP. DATE _____

CARDHOLDER NAME _____ SIGNATURE _____

(Authorized Signature for Merchandise Pick-Up) **X** _____

RECEIVING