CARD GRADING AUTHENTICATORS

CUSTOMER NAME	ADDRESS
ORDER #	ADDRESS
PHONE NUMBER DATE_	
HOW MANY CARDS ARE YOU SUBMITTING?	
BASIC SUBMISSION CUSTOM LAB	EL 1-2 DAYLOCAL
EMAIL ADDRI	ESS

YEAR	BRAND	NAME	VARIANT	CARD#
				1
				1
		1	1	1

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