# PSA Canada SUBMISSION FORM

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| **Name** | | **Submission Date** | |
| **Address** | | **Postal Code** | |
| **Phone #** | | **Email** | |

| **Quantity** | **Year** | **Product** | **Card #** | **Player/Character Name** | **Declared Value** | **Service Level** | **Auto Grade (Y/N)** |
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| 1 | 2016 | SP Authentic | 146 | Auston Matthews | 4000 | Super Express | Y |
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| **Received By** | | **Customer Received Copy** | **Y** | **N** | |
| | | **Expected Return Date** | | | |