CUSTOM	ER INFORMATION:		SM	Re		MAIL	. TO :	S	UBMISSION	/# CYP -	
Name:				COSMIC YETI PRES					I PRESSI		ONLY
Address: City: State: Zip:				13458 CEDAR TRL							
City:	State:	Zip:								97603-528	30
Email:			A AC							yeticomics.c	
AFTER PRESS	ING SHIP BOOKS TO:		** PRICING : FULL PRESS PRE-1975 = \$20								
Use own CGC: CS# Use own CBCS with info above					7					TER-1975 = \$1	
\Box Return to me after pressing					P	RESSIN	IG QL	JICK	PRESS (20)	02-present) =	\$8
Submit to CGC for me Submit to CBCS for me			PRE	SSING	⊁ FA		CK	C		aded Slab = \$ OW BAGS = \$	
	O CBCS for me	PRESSING: FASTTRACK	GR	ADING TIER			PRES	S		V GRADE = \$1	•
	Y: TITLE:			SERVICE	YEA				ISSUE #:		_
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	AIT TIME IN HALF - SEE WEBSITE	ES					TC	TAL FMV:			
	MES ARE SEPARATE AND REQUI er \$999 then must calculate	TOTAL # FULL PRE-1975 COMICSx \$20									
** if value over \$999 then must calculate 3% of value for pressing cost				AL # FULL A	FTER-	1975	COWI	CS _	x \$13		
SHIPPING HANDLING & INSURANCE				TOTAL # QUICK PRESS (2002-PRESENT)x \$8							
FedEx Account #						SPINE	ROLL F	FIX	x \$10		
USPS:				FAST TRACKx \$7							
Medium Flat Rate Box \$14.00				TOTAL # OF WINDOW BAGS x \$2							
Larger Boxes				l payment pret		CR	ACK S	LAB_	x \$5		
A handling charge of \$5 per box will be added by COSMIC YETI PRESSING				ere — 🕼 [HAND	LINC	∋ FEE - \$5	5	
Payment due in full upon submission of order. Accepted payment methods:				mail:				S	HIPPING:		
Check, Money Or	der, PayPal, Visa, MasterCard, and A	Must still : we will it	mail: sign the "PAYMENT woice you when	AND SIG	INATURES Prive the o	s" section order	TC	DTAL :			
TERMS AND CONDITIONS PAYMENT AND SIGNATURE											
that all services a	order will not be processed with are provided subject to the submit	er of these	This section mus				-		yment. asterCard	n Express	
comics. If comics are submitted for services for which they do not qualify, I hereby Cosmic Yeti Press to correct the order and charge any additional handling and shipping may apply. Incomplete forms will result in a delay in processing.				rize that I prefer to pay by the enclosed check: Check # made to Keith Westrick							
may apply. Incor	nplete forms will result in a delay	in processing.								Expires	
Authorized Signature X											
				Billing Address If different than SHIPTO address and name above							
Print name		_/	Signature X						Date /	/	