



icomICEExchange

Comics Submission Form

1045 Upper James St
Hamilton ON L9C3A6
mailbox@icomiceexchange.com

Name _____

Phone Number _____

Address _____

City _____ Province/State _____

Postal/Zip _____

E-mail _____

Item	Title	Grade	Certification #	List Price USD
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Sell by Date (optional)** _____

Preferred Payment Method*** PayPal Cheque

If PayPal is chosen, an email address is required for payment: _____

Signature _____

Date _____

*ICE reserves the right not to list any books that they feel are not suitable

**date if the comics are not sold by they will be returned to you

***all money paid from the sales on icomICEExchange will be paid in US funds at the end of each month in the method selected by the consignor