

FILLING BOXES
 Right Wrong Wrong

DATE OF ORDER _____
 P.O. # _____
 CLERK _____

FACTORY ONLY

PM _____

SHIP _____

NET _____

Full Name
 FIRST _____ LAST _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SCHOOL _____ HOME PHONE _____

School Name _____

| 1 Ring Number | <input type="checkbox"/> Male <input type="checkbox"/> Female | Grad Year _____ | Finger Size _____ |
|----------------|---|-----------------|--|
| 2 Metal Choice | <input type="checkbox"/> 10 KYG <input type="checkbox"/> 14KYG <input type="checkbox"/> Silver Platinum <input type="checkbox"/> 10 KWG <input type="checkbox"/> 14KWG <input type="checkbox"/> White Aztec <input type="checkbox"/> Other | | |
| 3 Metal Finish | <input type="checkbox"/> Antique <input type="checkbox"/> Natural | 4 Palm Side | <input type="checkbox"/> Polished <input type="checkbox"/> Sculptured |
| 5 Stone Choice | <input type="checkbox"/> JAN. SYN. GARNET <input type="checkbox"/> JUL. SYN. RUBY <input type="checkbox"/> SYN. BURNT ORANGE <input type="checkbox"/> FEB. SYN. ULTRALITE <input type="checkbox"/> AUG. SYN. PERIDOT <input type="checkbox"/> SYN. ROYAL FIREBLUE <input type="checkbox"/> MAR. SYN. AQUAMARINE <input type="checkbox"/> SEP. SYN. BLUE SPINEL <input type="checkbox"/> GENUINE BLACK ONYX <input type="checkbox"/> APR. SYN. WHITE SPINEL <input type="checkbox"/> OCT. SYN. ROSE <input type="checkbox"/> GENUINE WHITE PEARL <input type="checkbox"/> MAY. SYN. EMERALD <input type="checkbox"/> NOV. SYN. GOLDEN SAPPHIRE <input type="checkbox"/> OTHER <input type="checkbox"/> JUN. SYN. ALEXANDRITE <input type="checkbox"/> DEC. SYN. BLUE ZIRCON | | |
| Top Of Stone | <input type="checkbox"/> Buff Top <input type="checkbox"/> Facet Top <input type="checkbox"/> Crest, If Any _____ | Stone Options | <input type="checkbox"/> Sunburst <input type="checkbox"/> Rainbow <input type="checkbox"/> Diamond Panel _____ PT. Fashion Ring Side <input type="checkbox"/> 2 PT. Cubic Zirconia <input type="checkbox"/> 2 PT. Diamond <input type="checkbox"/> Other |

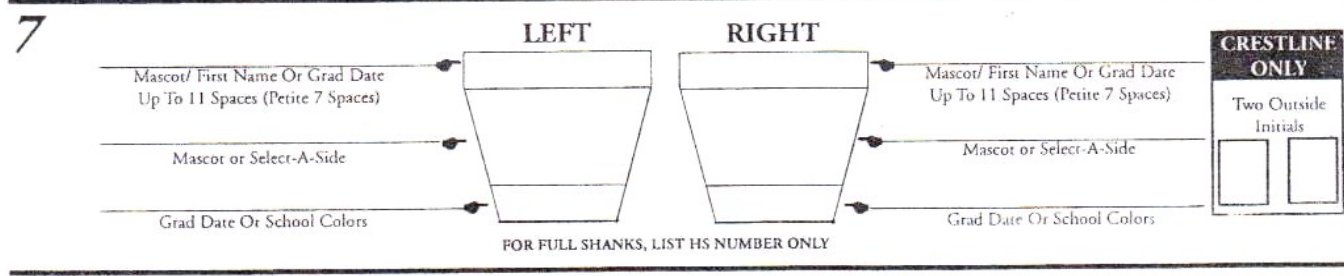
PRICE

6 STONE/BASE SHAPE Oval Cushion

DESIGN UNDER STONE
 Mascot Zodiac
 Letter Intaglio
 Block Script Old English

ENCrustING
 Block
 Script
 Old English
 Other _____

Sketch/Describe _____



8 Engraving Inside Band 3 INITIALS OR FULL NAME

Block Script

INITIALS NAME

CREDIT CARD PAYMENT VISA MASTERCARD AM EX SPECIAL INSTRUCTIONS _____

AMOUNT \$ EXP. DATE MO. YR. CVN #

FULL PURCHASE PRICE

CARDHOLDER'S SIGNATURE _____

| | |
|-----------|--|
| HANDLING | |
| SUB TOTAL | |
| SALES TAX | |
| TOTAL | |
| DEPOSIT | |
| BALANCE | |