

Ref. # _____

COLLEGE RING ADJUSTMENT FORM

DATE: / /

P.O. BOX 149207 / AUSTIN, TX 78714-9207

ACCT. NO.

STORE NO.

ORIGINAL ORDER NO.

S
H
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P
T
O

ADDRESS ONLY WITHIN THIS SPACE

Part 3 trim

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Balfour

Part 1 & 2 perf

CUSTOMER NAME _____ DAYTIME PHONE: _____

CUSTOMER EMAIL ADDRESS _____

STORE NAME _____ EVENING PHONE: _____

RING DESCRIPTION (BEFORE ADJUSTMENT)

SCHOOL NAME ON RING: _____

CITY/STATE _____ STYLE NAME _____

ENGRAVING _____ GRAD YR: _____ METAL _____

ADJUSTMENTS TO BE MADE:

CHANGE SIZE UP 1/4, 1/2, 3/4, 1, FROM CURRENT SIZE _____.

CHANGE SIZE DOWN 1/4, 1/2, 3/4, 1, FROM CURRENT SIZE _____.

REPLACE STONE WITH _____ SMOOTH FACET

FIREBURST

ADD ENCRUSTING _____

ADD/CHANGE YEAR _____ ADD/CHANGE DEGREE _____

OTHER _____

REASON FOR ADJUSTMENT <input type="checkbox"/> CUSTOMER OPTION <input type="checkbox"/> FACTORY ERROR <input type="checkbox"/> QUALITY (EXPLAIN) <input type="checkbox"/> DAMAGED <input type="checkbox"/> BOOKSTORE ERROR <input type="checkbox"/> OTHER (EXPLAIN)	<input type="checkbox"/> Remake to different specifications	<input type="checkbox"/> Remake to new style
	<input type="checkbox"/> Remake of damaged ring to same specifications	<input type="checkbox"/> Remake to different metal
	<input type="checkbox"/> Remake of non-precious metal ring to gold	<input type="checkbox"/> Remove or add antiquing
	<input type="checkbox"/> Remake of yellow gold to white gold	<input type="checkbox"/> Add cubic zirconia or diamond
	<input type="checkbox"/> Remake of white gold to yellow gold	<input type="checkbox"/> Change simulated stone
		<input type="checkbox"/> Change special stone feature

DO NOT REMAKE FOR SENTIMENTAL VALUE (At times, a product submitted for repair cannot be done, the company reserves the right to remake the product. If you do not wish your product to be remade due to sentimental value, you **must** indicate here and we will return it to you in the exact condition you submitted.)

Credit Card #												CID #*			

*Include CID code in addition to credit card number. Mastercard and Visa require last 3 digits and Discover requires last 4 digits shown on the card.

Credit Card Expiration Date

\$ _____ Charge JUST DELIVERED MAILED BY _____

\$ _____ Shipping/Handling/Insurance Ground \$14.95 Second Day \$19.95

\$ _____ Subtotal Overnight \$24.95

\$ _____ Sales Tax

\$ _____ Total Repair fee approved/collected DATE _____

Contact Sales Representative Only

MS07689B 1/06 3307

FG 23082 (01/06)

PLEASE PRINT FIRMLY
BE SURE INSTRUCTIONS ARE CLEARLY LEGIBLE ON FORM
SEE NEXT PAGE OF FORM FOR INSTRUCTIONS