



Order Form

Ordered By: _____ **Date:** _____

Name & Organization: _____ **Department:** _____

Address: _____ **Email:** _____

City, State, ZIP: _____ **Phone:** _____

Ship to: Same **Billing:** Same as Ordered By

Name: _____ **Name:** _____

Address: _____ **Address:** _____

Apartment number _____ **City, State, ZIP:** _____

City, State, ZIP: _____ **Phone:** _____

Ship-To Email: _____ **Email:** _____

Form of payment: Cash Check # _____ Check to come Invoice Prepaid

VISA / MasterCard / American Express

CC #: _____ **Exp.:** ___/___ **CVV:** _____ **Signature:** _____

Patient Name <small>(optional, to put on label on charm box)</small>	Jewelry Description	Charm Info - see box below				Price
		# of charms	stamp on back	finish	crystal	

Additional instructions:

initial: 1 to 4 characters stamped on to the back of your charm
finish: shiny or patina (antique'd)
crystal: Swarovski crystal (specify color) or NONE

SUBTOTAL _____

TAX _____

S & H _____

S&H&Insurance of final product: Up to \$100: \$9.50, \$100-\$150: \$10.50; \$150-\$250: \$11.50; Over \$200 please call for total. Jewelry ships Priority Insured.

TOTAL _____

Terms & Conditions: All jewelry is covered by a limited lifetime warranty. We reserve the right to substitute chains or findings of equal or higher quality from what is shown. Returned checks incur a \$35 fee. Should a check be returned to us or a credit card declared invalid, Regali will hold product until valid payment is received. By supplying us with your email address, you agree to receive emails from us. Your information is confidential; we do not sell or share this information. We can make corrections due to mathematical errors caused by our systems or staff.