

Order Form

Ordered By	Date:						
Name & Organizati	on:						
Address:							
City, State, ZIP:		Phone:					
Ship to:	Same	Billing	Billing: Same as Ordered By □				
Name:	Name:						
Address:	Address:						
Apartment number	City, State, ZIP:						
City, State, ZIP:	Phone:						
Ship Notification Ema							
☐ VISA / MasterC	Cash Check # Card / American Express			to come		·	
Patient Name (optional, to put on label on charm box)			Charm Info				
	Jewelry Description	# of charms	initials	finish	crystal	Price	
Additional instru	ıctions:						
initial: 1 to 4 characte	ers stamped on to the back of y	our charm		SI	JBTOTAL		
finish: shiny or patina	_			TAX			
accessory: Swarovsk	i crystal (specify color) or NON	E			S & H		
S&H&Insurance of final p	product: Up to \$100: \$8, \$100-\$150:	\$9; \$150-\$200:	\$10; Over \$2	00, please	TOTAL		
can for total. Jewelly Still	os i nonty moureu.				J		

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.

Regali is not responsible for incomplete or poor prints when prints are created independently of a sales rep (offsite). 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.