

Order Form

Ordered By:		Date: Department: Email:					
Name & Organizati							
Address:	Email:						
City, State, ZIP:							
Ship to:	Same 🗖	Billing	Billing: Same as Ordered By				
Name:		Name:					
Address:	Addres	Address:					
Apartment number	City, State, ZIP:						
City, State, ZIP:	Phone:						
Ship-To Email:		Email:					
☐ VISA / MasterC	Cash Check #					·	
Patient Name		Charm Info - see box below					
(optional, to put on label on charm box)	Jewelry Description	# of charms	stamp on back	finish	crystal	Price	
Additional instru	ections:	<u>l</u>					
initial, 4 to 4 sharests	re stemped on to the best of a	our obers		CI	IDTOTAL		
initial: 1 to 4 characte finish: shiny or patina	our charm		50	JBTOTAL TAX			
	stal (specify color) or NONE				S & H		
S&H&Insurance of final p	product: Up to \$100: \$8, \$100-\$150: os Priority Insured.	\$9; \$150-\$250:	\$10; Over \$2	00, please	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.