



Order Form

Order Date: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Home Phone: _____ Daytime Phone: _____

Email Address: _____

Alternate Email Address: _____

SKU Number / Style Number: _____

Ring Size: _____ Chain Size: _____

Credit Card No: _____ Expiration Date: _____ Security Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Please fax all orders to 1-800-217-8609