CLASS RING ORDER FORM

Name	School			Date
Street Address	City		State	Zip
E-mail Address	Parent Cell	Student	Cell	
1 YOUR GRAD YEAR	FINGER SIZE (Your rep		finger on order da	ıy)
() SINIOLATED		NOV DEC Smooth Premium Genuine Stones	MOP HEM	ВКО
Facet O Premier Cut O India Cut O Fireray® Cut Quadra® Cut	Smooth Premier Protected Stones Smooth Problem	OE	Encrusting OBI	ock Id English _{Letter}
METAL O White Lustrium* (5) O DualCast* Yellow (DC) O Silver Elite* (AG) O 10K Yellow Gold (1) O 14K Yellow Gold (0) O 14K White Gold (9) O Satin Finish				
INSIDE ENGRAVING Select One O F U I I N a m e E n g O Initiale OR	r a v i n g	Extended (10 years	d Ring Protection of protection if is lost or stolen) OFFICE US S	SE ONLY
Payment options are available to make your High School class ring	affordable! Ask your Jostens representa	tive for details.	\$	
Office Use Only — Special Instructions 6 CREDIT CARD	NFORMATION Deposit Only	ADD HAN	NDLING \$	7.99
Amount \$	Expiration Date	SUBTOTA	AL \$	
jostens Martin Oliveira Account	(required)	ADD SAL	ES TAX \$	
P.O. Box 249 Danville, CA 94526		TOTAL	\$	
(925) 838-1835 Cardholder's Signature This is a customized product. Cardholder	r understands payment(s) may be charged before goods are deliver	ed. AMOUNT	PAID \$	
You may cancel this order within 3 business days from its placement without charge. Order is subject to audit. Computational errors will be corrected on invoice. Orders are subject MBROOTZ = 31030 0.034 between the All dichter record.	ct to acceptance by Jostens. Thank You Fo	r Your Order! BALANCI	E DUE \$	