

ORDER FORM Fax to 781-642-8889

JEWELRY COLLECTION Customer P.O. #		Order Date:
Bill To Address		Ship To Address (If different from billing address)
Name/Contact		Name/Contact
Company		Company
Address		Address
City/State/Zip		City/State/Zip
Phone	Fax:	Phone Fax:
Email		Email

Qty.	Item # / Description	Price	Total	Qty.	Item # / Description	Price	Т	
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					ORDER TOTAL			

Credit Card Information			er 🗌 Yes 🗌	🗌 No 🛛 Merchandise Carded 🔲 Yes 🔲 No
		Substituti	ons 🗆 Yes 🗆 ents:	No Requested Ship Date: Cancel Date:
Signature	Tax ID #	332 8	Second Ave	e. 2nd FL Waltham, MA 02451

PLEASE COPY AND FAX THIS FORM WHEN PLACING AN ORDER