



## WARRANTY SERVICE/ REPAIR FORMS

CUSTOMER NAME: \_\_\_\_\_

FIRST

LAST

SCHOOL: \_\_\_\_\_

NAME

CITY

STATE

GRAD YEAR: \_\_\_\_\_ ORDER NUMBER: \_\_\_\_\_

### METAL QUALITY:

- |                                      |                                     |                                     |  |
|--------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> 10k yellow  | <input type="checkbox"/> 14k yellow | <input type="checkbox"/> 18k yellow | <input type="checkbox"/> yellow lazoni |
| <input type="checkbox"/> 10k white   | <input type="checkbox"/> 14k white  | <input type="checkbox"/> 18k white  | <input type="checkbox"/> white lazoni  |
| <input type="checkbox"/> Other _____ |                                     |                                     |  |

### CURRENT ENGRAVING

3 Initials  Name in Script: (PRINT) \_\_\_\_\_

### PLEASE MAKE THE FOLLOWING ADJUSTMENTS TO MY RING:

- |   |   |
|---|---|
| <input type="checkbox"/> Resize-smaller to: _____                     | <input type="checkbox"/> Replace scratched, chipped, or broken simulated birthstone |
| <input type="checkbox"/> Resize-larger to: _____                      | <input type="checkbox"/> Re-apply antique   |
| <input type="checkbox"/> Clean and polish                             | <input type="checkbox"/> Remove antique   |
| <input type="checkbox"/> Replace crest Crest Initial _____            | <input type="checkbox"/> Add antique  |
| <input type="checkbox"/> Replace duracolor: _____                     |   |
| <input type="checkbox"/> Change simulated birthstone to: _____        | Cut _____   |
| <input type="checkbox"/> Add or change protected emblem to PE # _____ |   |
| <input type="checkbox"/> Change encrusting to # _____                 |   |

### THE FOLLOWING ADJUSTMENTS REQUIRE A REMAKE:

- |   |  |
|---|--|
| <input type="checkbox"/> Design Change: _____   | <input type="checkbox"/> Transfer - New school _____       |
| <input type="checkbox"/> Left Panel to: _____   | <input type="checkbox"/> Graduation Date changed to: _____ |
| <input type="checkbox"/> Right Panel to: _____  | <input type="checkbox"/> Metal Upgrade to: _____           |
| <input type="checkbox"/> Change number/position on panel with PSP to: # _____   | Position _____   |
| <input type="checkbox"/> Change <input type="checkbox"/> R or <input type="checkbox"/> L outside personalization from _____ | to _____   |

### ADDITIONAL INFORMATION:

### RETURN TO:

Warranty Service    Warranty Service  
PO Box 90224    or    3500 I-35 East  
Denton, TX 76202    Denton, TX 76210

### SHIP TO:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please insure the ring when shipping. Print clearly and verify that complete mailing address and customer information appears on this form. An acknowledgement will be mailed for receipt confirmation and an approximate completion date will be noted. Rings returned for repair may be remade at manufacturer's discretion. If upon receiving your ring and additional charges apply, Gold Lance will notify you before proceeding.

MANUFACTURER'S COPY

PL-821-04