

The work performed is to my satisfaction and the item(s) are in good order. Item(s) were received: ☐ with ☐ without original claim receipt. I have received and inspected the item(s) listed on the envelope.

Customer's Signature _____

Delivery Date _____ Initial _____

Paid-Charge _____

Jewelry Repair

Estimate ☐

1001

DUNCAN & BOYD
JEWELERS

809 S. Tyler • Amarillo, TX 79101
(806) 373-1067

In _____
QC _____
Out _____
Called _____
RP _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Salesperson _____

E-mail _____ Cell _____

Articles and Customer's Estimate of Value *

_____ \$ _____

Instructions _____

Date _____ Scheduled _____

Cost Estimate _____ \$ _____

_____ \$ _____

_____ \$ _____

The description and value(s) of the article(s) listed above are mine alone. I understand this store is not responsible for identification of the stones or jewelry listed above. I also affirm these stones are not altered by fracture filling and/or by any other treatment means, unless I specifically list that above in the instructions. I further understand this store is not responsible for loss, damage and/or theft of my jewelry unless proven it was due to its negligence. I further understand damage and/or loss strictly due to such negligence is limited to the actual cost of repair or replacement, not to exceed the value I listed above and, when no value is listed, it is agreed that value is no greater than \$75.00.

I have read and understand this disclaimer of liability, its purpose being to induce this store to repair my jewelry and I agree to be bound by all of its terms and conditions.

Customer's
signature _____

Member Jewelers of America, Inc.
© Jewelers of America, Inc.

Form 999

**IMPACT
CUSTOM FORM
SAMPLES
TO ORDER
CALL
1-800-543-4264**

RETURN THIS JOB BY _____

NAMANO, INC.
1733 Montreal Circle
TUCKER, GEORGIA 30084
(770) 934-0360

1001

F _____
A _____
C _____
T _____
O _____
R _____
Y _____

DATE _____

REFER QUESTIONS TO _____

C	C
U	H
S	A
T	R
O	G
M	E
E	S
R	

☐ SET DIAMONDS

FINGER SIZE _____

VALUE FOR POSTAGE _____

RETURN THIS ENVELOPE

IMPACT / 1-800-543-4264

FORM 999

Jewelry Repair

Signature _____ Date _____

I have received and inspected the items listed on the envelope without my claim check.



1001

1280 Belmont St. • Brockton, MA 02301

(508) 587-2533

Promise Date _____

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone: H W C _____ Rec By _____

E-mail _____

Customer's Description & Value:

_____ \$ _____

Instructions: _____

Est. Cost _____

Do Not Notify ☐ / Phone ☐ / Mail ☐ / Give to:

Romm's is pleased to honor your request to repair your jewelry. All work will be done by the finest craftsmen and women available.

All merchandise originally purchased at Romm's has a full year repair warranty. Because good repair practices cannot overcome poor construction, inherent design flaws and metal fatigue due to wear, we cannot guarantee merchandise purchased elsewhere.

By depositing these items with Romm's, customer agrees that Romm's is not responsible for identifying the condition of jewelry or stones. Romm's is not responsible for identifying filled diamonds or other gem treatments nor for damage resulting from their repair unless identified by customer at the time of take in.

Customer further agrees that Romm's liability shall be limited to the actual cost to Romm's to replace or repair. Nor shall it exceed value shown on this form. If no value is shown it will be assumed to be \$75. Items receipted pursuant to Section 31C of Chapter 255 of the General Laws must be claimed within one year of such receipt, may be subject to sale.

**IMPACT
CUSTOM FORM
SAMPLES
TO ORDER
CALL
1-800-543-4264**

Customer's Signature _____
Delivery Date _____
We appreciate you as a customer. Please write to us
Attention: President Glennpeter, Colonie Ctr, Rm. #152
Albany, NY 12205

I have received and inspected the above listed article(s). The work performed is to my satisfaction and the article(s) are in good order.

glennpeter

STORE # _____ REPAIR

1001

Scheduled _____

Date _____ Salesperson _____

Name _____

Address _____

Zip _____ Phone H _____ W _____

E-mail _____

Description:

Diagram:

Condition:

Instructions:

The description and values* of articles listed above are correct to the best of my knowledge. In accepting said articles it is understood that this store or any of its employees is not responsible for identification or condition of stones or jewelry at the time of receipt. This store accepts the articles listed above solely for the purpose of repair and does not undertake to act as an insurer of these articles. This store is not responsible for loss, damage or theft of these articles unless due to its own negligence. Any damage or loss due to its negligence will be limited to the actual cost to repair or replace the item(s) and is not to exceed the value stated below. *When no value is listed it will be assumed that the value is less than \$75.00. Repair estimate may vary by as much as 10% without prior notification.

*Customer's Estimate of Value _____ Est. for Repair _____

Customer's Signature _____

*NOT RESPONSIBLE FOR ITEMS LEFT OVER 45 DAYS.


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TO ORDER
CALL
1-800-543-4264**

Initial _____
Delivery Date _____
Paid-Charge _____

Customer's Signature _____

The work performed is to my satisfaction and the item(s) are in good order. Item(s) were received: ☐ with ☐ without original claim receipt. I have received and inspected the item(s) listed on the envelope.

JEWELRY REPAIR **All Repairs Completed After 5:00 P. M.**


CROCKER'S
JEWELERS

3117 Kennedy Lane
Texarkana, TX 75503
(903) 832-8686

1001

COD NO TICKET WRITTEN ☐ COD TICKET WRITTEN ☐ OKAY TO DELIVER ☐ NEED TO SIGN FORMS ☐ BOX REQUIRED ☐ GIFT WRAP ☐ WARRANTY ☐

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Ph: H _____ W _____ Rec. By _____

Description & Customer's Stated Value:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Instructions: _____

Est. Cost \$ _____ Del. Date: _____ Time: _____

I agree that the approximate values and description of the items listed above are correct, and I accept the terms and conditions as written below. This store, including its employees, accepts no responsibility for condition or identification of jewelry or stones upon receipt. Items are submitted to this store for repair only and we will not act as an insurer of the items listed above. Responsibility for loss, theft, or damage is accepted by us only when due to our negligence. Any damage or loss due to this store's negligence will be limited to the cost to repair or replace the items and will not exceed the value declared above. Should no value be listed it will be assumed the value is less than \$75.00. Not responsible after 90 days.

Customer's Signature _____

Impact / 1-800-543-4264 **PRESS HARD WHEN WRITING** Form 999

Initial _____
Delivery Date _____
Paid-Charge _____

Customer's Signature _____

The work performed is to my satisfaction and the item(s) are in good order. Item(s) were received: ☐ with ☐ without original claim receipt. I have received and inspected the item(s) listed on the envelope.

Date Rec'd _____ Date Prom. _____ CUST. INITIAL

REPAIRS **NEVES JEWELERS**

The Grove At Shrewsbury • Route 35
Shrewsbury, NJ 07702
(732) 741-7757

1001

Name _____

Address _____ Salesperson _____

Town _____ Zip _____

Res. Phone _____ Bus. Phone _____

Articles and Customer's Estimate of Value*

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Instructions: _____

Cost Estimate

Total _____

Sales Tax _____

Total Due _____

Total _____ Deposit _____ Balance Due _____

The description and values* of articles listed above are correct to the best of my knowledge. In accepting said articles it is understood that this store or any of its employees is not responsible for identification or condition of stones or jewelry at the time of receipt. This store accepts the articles listed above solely for the purpose of repair and does not undertake to act as an insurer of these articles. This store is not responsible for loss, damage or theft of these articles unless due to its own negligence. Any damage or loss due to its negligence will be limited to the actual cost to repair or replace the item(s) and is not to exceed the value stated above.

*When no value is listed it will be assumed that the value is less than \$75.00.

All items must be picked up within 90 days.

Customer's Signature _____

The work performed is to my satisfaction and the item(s) are in good order. I have received and inspected the item(s) listed on the envelope.
 Customer Signature _____
 Received: ☐ with ☐ without original claim receipt
 Driver's Lic. # _____ DOB _____
 Charge \$ _____ cash / cc _____ / ch# _____ Date _____

**IMPACT
CUSTOM FORM
SAMPLES
TO ORDER
CALL
1-800-543-4264**

Pickup Date _____

MS Jewelers

03

5050 Route 17M • New Hampton, NY 10958

(845) 374-4653 (GOLD) • open Tuesday thru Saturday

Attention: Repair Pickup Policy - Yellow repair drop-off slip must be presented for pickup. If lost, ONLY person named on envelope may pick up item(s) and a picture driver's license will be required. *No exceptions.*

Attention: Anyone presenting your yellow pickup slip may pick up your item(s). Please inform us if your slip is lost so that we do not release your item(s) to any finder.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

kt _____

weight _____

length _____"

finger size _____

\$

kt _____

weight _____

length _____"

finger size _____

\$

kt _____

weight _____

length _____"

finger size _____

\$

I agree that the above descriptions are correct. I understand this store will insure these items only to the extent of repairing or replacing with comparable quality.

Total

Customer Signature _____

IMPACT / 1-800-543-4264

FORM 999

NAME _____

ADDRESS _____

PHONE _____

DATE REC'D. _____

CITY _____

DATE PROM. _____

ARTICLE _____

DATE COMPLETED _____

DATE CONTACTED _____

INSTRUCTIONS

I HAVE INSPECTED THIS ITEM
AND IT HAS BEEN REPAIRED
OR MANUFACTURED TO MY
SATISFACTION.

MANUFACTURE
OR REPAIR COST

TAX
IF APPLICABLE

TOTAL
CHARGES

DATE PICKED UP _____

DEPOSIT

CUSTOMER'S SIGNATURE _____

BALANCE

Not responsible for items left over 60 days.

THE JEWELERS BENCH
(775) 727-1066

IMPACT / 1-800-543-4264

FORM 999

**IMPACT
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SAMPLES
TO ORDER
CALL
1-800-543-4264**

Initial _____
 Delivery Date _____
 Paid-Charge _____

Customer's Signature _____

The work performed is to my satisfaction and the item(s) are
 in good order. Item(s) were received: ☐ with ☐ without
 original claim receipt. I have received and inspected the
 item(s) listed on the envelope.

☐

☐

Keep old gold / stones
 yes ☐ no ☐

"We are not responsible for items left over 90 days."

Charles Nusinov & Sons, Inc.
 8720 Satyr Hill Rd.
 Baltimore, MD 21234-2826
 (410) 661-5050

Job _____ of _____

J

* ☐ 6 month guarantee on work done.
 No guarantee ☐ Stone(s) ☐ Chain(s) ☐ Other _____

Name _____
 Address _____ Phone _____
 City _____ State _____ Zip _____

Description of Articles	Amt.	
_____	Amt.	_____
_____	Amt.	_____
_____	Amt.	_____
_____	Sub Total	_____
_____	Tax	_____
_____	Total	_____

**Estimate of Value _____ Deposit _____
 Salesperson _____ Bal. Due _____
 Invoice # _____ Old Gold _____
 Inventory # _____ Bal. Due _____

Instructions _____

_____ PLEASE CALL FIRST

Est. _____ Date _____ Approx Due Date _____
*If at any time within 6 months repairs made to jewelry become defective other than from deliberate or accidental damage, CNS shall repair at no charge to customer, provided original envelope or receipt of repair is presented.
 **In the event of loss or damage, no claim will be paid in excess of \$75.00, unless a higher value is declared and signed.
 NO REFUNDS ON SPECIAL ORDERS AND WORK DONE.

Customer Signature _____