

Jostens Warranty Repair Form

REP-Cuquet 0589

First Name: _____ Last Name: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: _____

Email: _____

School Name: _____

Graduation Year: _____ ☐ High School ☐ College

Select the Service you like: ☐ Resize ☐ Clean & Polish ☐ Repair

Ring Metal- you can find this inside your ring next to your engraving

White Lustrum (WLTM)	SunCast (YLTM)	ShadowCast (SLTM)	Silver Elite (SE)	Solaris Elite (SOL/YE)	10K <input type="checkbox"/>	14K <input type="checkbox"/>	18K <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yellow	<input type="checkbox"/> White	

Additional Information

Please tell us any additional information relevant to this claim.

Be as detailed as possible. If there are any additional questions we will contact you.

If you have a Personal Signature, Please sign your name in box below

Instructions: Please fill our form with name ring was ordered under. Ring must be placed in a sealed envelope with BOX 81 written on the front. Ring must be dropped off at UPS Store and placed in BOX 81. **UPS Store Phone:** 636-947-8870

Location: 2025 Zumbuhl Rd Box 81 Saint Charles, MO 63303

Hours: Mon-Fri 8-6:30 Sat 9-3 Sun Closed