



HERFF JONES RING WARRANTY FORM

Please complete the form below and enclose when submitting your ring for repair.
Unless otherwise noted, all information below is required.

| | |
|--------------------------------------|--|
| Name | |
| Address | |
| | |
| City/State/Zipcode | |
| Daytime Phone (including area code) | |
| Evening Phone (including area code) | |
| Email Address | |
| School Name | |
| Campus/City/State of School Attended | |
| Approximate Date of Purchase | |
| Order Number (if known) | |

| Reason for Warranty Claim |
|---------------------------|
| |

Send a printed copy of this claim form and your appropriately packaged ring using an insured and traceable shipping method that includes a delivery confirmation to:

Herff Jones, Inc. Warranty Services Dept.
Herff Jones Center
150 Herff Jones Way
Warwick, RI 02888