GEM JEWELERS

225 MAIN STREET
ISLIP, NY 11751
PHONE: 631-277-6500
FAX: 631-277-6700

EMAIL: judy@gemjewelersny.com

CREDIT AUTHORIZATION

FOR YOUR PROTECTION, PLEASE COMPLETE THIS FORM AND RETURN IT TO GEM JEWELERS VIA FAX (631-277-6700)

	,	
Item #(s):		
Description of Item(s):		
	Amount of Item(s) plus Shipping: \$	
Gift Certificate Amount: \$		
Complete t	he Billing Address of your credit	card below
NAME:		
LAST	FIRST	MIDDLE
ADDRESS:		
CITY:	STATE:	_ ZIP CODE:
TELEPHONE:		
	EVENING	
Complete the Mailing Ad	dress for where you would like y	our items shipped below
NAME:		
LAST	FIRST	MIDDLE
ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE:		
DAV	EVENING	
	(Circle Type of Credit Card)	
VISA / MAS	STERCARD / AMERICAN EXPRESS	/ DISCOVER
CARD NUMBER:	EXP. DATE:	
I hereby authorize a charge for \$	for jewelry items prov	ided by Gem Jewelers. I agree to pay the
stated amount, including shipping, when b	villed, in full or in extended paym	nents in accordance with standard policy of
issuing credit card company.	- ·	
SIGNATURE OF CARD HOLDER:	DATE:	