



NURSING PIN ORDER FORM

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Guard samples



THIS WILL HAVE RCNJ ON THE BAR

PINNING DATE: _____

NAME: _____

DATE: _____

ADDRESS: _____

CITY, ST. ZIP: _____

PHONE NUMBER: _____

CHECK ONE: SHIP TO SCHOOL LOCATION

SHIP TO ABOVE ADDRESS

E-MAIL ADDRESS: _____

SCHOOL: **University of Medicine & Dentistry of New Jersey School of Nursing / RCNJ ON FRONT OF ALL**

DIE NUMBER: **RW585301**

JOS#: **05130900**

ACCT#: **29063936**

WORK ORDER: _____

SALESMAN#: **7589**

SALESMAN NAME: **STOKES, DALE**

QUALITY	PRICE	TOTAL
_____ 14K GOLD PIN	\$ 222.97	\$ -
_____ 14K GOLD GUARD	\$ 43.10	\$ -
_____ 10K GOLD PIN	\$ 170.40	\$ -
_____ 10K GOLD GUARD	\$ 34.60	\$ -
_____ 1/5 DOUBLE GOLD FILLED PIN	\$ 61.78	\$ -
_____ 1/5 DOUBLE GOLD FILLED GUARD	\$ 20.43	\$ -
_____ STERLING SILVER PIN	\$ 33.95	\$ -
_____ STERLING SILVER GUARD	\$ 18.34	\$ -
_____ GOLD PLATE PIN	\$ 24.19	\$ -
_____ GOLD PLATE GUARD	\$ 14.88	\$ -
ENGRAVE THREE INITIALS: _____	Inc.	Inc.
ENGRAVE THE YEAR: _____	Inc.	Inc.
INDICATE GUARD TYPE: <input type="checkbox"/> BSN <input type="checkbox"/> MSN		
PAYMENT OPTIONS: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	SUBTOTAL	\$ -
CREDIT CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX	ADD \$9.45 IF SHIPPED HOME	
ACCOUNT NUMBER: _____	7% TAX	
VALID THROUGH: _____	TOTAL	\$ -
CARD HOLDER NAME: _____	TAXABLE FREIGHT STATE	
SIGNATURE: _____		

PRICE GOOD FOR 90 DAYS FROM 1/23/2008

6 WEEKS MANUFACTURING TIME PLUS SHIP DAYS REQUIRED ONCE THE ORDER IS RECEIVED IN THE MANUFACTURING PLANT TO MEET YOUR NEED BY DATE
PLEASE PLACE YOUR ORDER 7 to 8 WEEKS PRIOR TO YOUR NEED BY DATE TO ENSURE ON TIME DELIVERY