



NEW MODEL FORM

Factory / Office
 31-00 47th Avenue 2nd Fl.
 Long Island City, NY 11101
 Tel : 1- 718-247-4500
 1- 800-466-4900
 Fax: 1- 718-425-9953

DATE _____

Account #: _____ Phone number: _____ Fax number: _____

Company name: _____ Contact name: _____ Sales Representative: _____

Address: _____ E-mail: _____

CENTER STONE (MM)	SIDE STONES	SHANK	FINGER SIZE	METAL	POLISH	ASSEMBLE
* Please indicate if it is a GEMSTONE CENTER (Depth)						

DETAILS OF THE NEW MODEL: <div style="border: 1px solid black; height: 100px;"></div>	Estimate: \$ _____ Ship Date: _____ P.O. #: _____
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Comments:

Stone Setting:	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Stone Supply:	<input type="checkbox"/>	<input type="checkbox"/>

Infringement Policy

The Jeweler agrees to release Unique Settings of New York from and against all claims arising out of infringement of any third party intellectual property rights arising from the jewelers' purchase of the requested model and/or the subsequent sale of products produced from said model.

By signing this form, you agree to the details of the new model request and pay all charges specified. Please review and fax back to 718-425-9953.

*** Minimum charge per model is \$ _____ plus \$25.00 mold charge. Final cost is dependant on complexity.

* If you are sending your stone please call for an ORDER NUMBER (OR#)

Signature: _____