



ORDER FORM

Acct #

Invoice

Order Date

Received Date

Due Date

Company / Client Name:

Contact:

Telephone:

Cell:

1) Job Name / #

Mold #

File Name

Material

Karat

Mold

Color

Quantity

Polish

Special Directions

2) Job Name / #

Mold #

File Name

Material

Karat

Mold

Color

Quantity

Polish

Special Directions

Ship

Ship To

Pick-Up

Order Placed By

Customer understands and acknowledges that that the design of jewelry to be cast by ZPCasting is solely within Customer's control and is submitted by Customer to ZPCasting. Consequently, Customer bears all financial responsibility and/or loss, any delays in shipping or production, and all responsibility for defects and quality issues that result from flaws or defects in the design that Customer has generated and submitted. ZPCasting does not warrant the integrity, suitability or quality of the design submitted by Customer.