Dear**,**

As per our discussion, you will be sending your [ITEM(S) + SKU] purchased on [Date of Purchase] for [***Replace a stone, size it to a specific size, etc., Describe the work to be done***]. You will be charged $ for the adjustment.

Please be advised that this is an authorization letter to send your merchandise for adjustment purposes only**.** You are still the owner of the merchandise and shipping the item(s) to our offices does not in any manner constitute the return of the merchandise to Miraki Jewels unless agreed to in writing by you and Miraki Jewels prior to any such shipments. Further, you agree to accept the return of the merchandise.

Please sign this letter of authorization and send the letter back within 7 business days via email at [CS Rep’s Email]. Upon full execution of this letter of authorization, Miraki Jewels will provide you with a Return Merchandise Authorization number (“RMA”) and shipping instructions. Please be aware that you may be responsible for shipping charges.Once your item(s) arrives, the adjustment process will be initiated and will take approximately weeks to complete.

Please be advised that if you choose to pay by check for the repair services, the check must clear prior to return of your item(s). Furthermore, as a reminder, sending Miraki Jewels your item(s) does not relieve you of any payment obligations including outstanding payments on your Miraki Jewels credit card and/or your personal credit card.

Please note that Miraki Jewels hereby disclaims all responsibility for any liability and/or charges imposed on you in the form of duties, or in any other form, resulting from the shipment of above item(s). You hereby acknowledge that you accept full responsibility for such liabilities and/or charges.

By signing this letter of authorization, you agree to the above mentioned and to consider this a final resolution of any outstanding claim(s).

If you have any additional questions or concerns, please contact me at [

**Sincerely,**

Customer Service Representative

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**\_ \_ \_ \_ \_ \_**

FOR CUSTOMER COMPLETION:

**Customer’s Printed Name Customer’s Signature Date**

**Credit Card Number Expiration Date**