

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form F

Fix-It

Organization Information: *Please complete all information*

Organization:	School Account Code:	
Address:		
City:	State:	Zip:
Contact:	Phone: ()	
Weekdays you will be closed:		

Fix-It: ***Order Form number and description of art are required for processing.** Please complete ALL information.*

Order Form #:	Artwork Orientation (choose one) <input type="checkbox"/> Vertical (portrait) or <input type="checkbox"/> Horizontal (landscape)	
Description of art:		
Product:	Problem:	
Student Name:	Teacher:	Grade:
Order Form #:	Artwork Orientation (choose one) <input type="checkbox"/> Vertical (portrait) or <input type="checkbox"/> Horizontal (landscape)	
Description of art:		
Product:	Problem:	
Student Name:	Teacher:	Grade:
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Student Name:	Teacher:	Grade:

Send to: ORIGINAL WORKS

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