

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form F

Tile Wall Program | Fix-It

School/Organization Information:

School/Organization:		School Account Code:	
Address:			
City:	State	Zip:	
Contact		Phone #:	
Weekdays you will be closed:		# of Artworks sent:	

Artwork must be sent with this form.

Student:
Problem: (ie: chipped, missing etc.)
Student:
Problem: (ie: chipped, missing etc.)
Student:
Problem: (ie: chipped, missing etc.)

Send to: ORIGINAL WORKS
54 Caldwell Road • Stillwater, NY 12170
518.584.9278
cs@originalworks.com