

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form F

FIX-IT

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

Fix-It: Order Form # & description of art are required for processing. Please complete ALL information.Order Form #: _____ Artwork Orientation (choose one) Vertical (portrait) **or** Horizontal (landscape)

Description of art: _____

Product: _____ Problem: _____

Student Name: _____ Teacher: _____ Grade: _____

Order Form #: _____ Artwork Orientation (choose one) Vertical (portrait) **or** Horizontal (landscape)

Description of art: _____

Product: _____ Problem: _____

Student Name: _____ Teacher: _____ Grade: _____

Order Form #: _____ Artwork Orientation (choose one) Vertical (portrait) **or** Horizontal (landscape)

Description of art: _____

Product: _____ Problem: _____

Student Name: _____ Teacher: _____ Grade: _____

Order Form #: _____ Artwork Orientation (choose one) Vertical (portrait) **or** Horizontal (landscape)

Description of art: _____

Product: _____ Problem: _____

Student Name: _____ Teacher: _____ Grade: _____

Order Form #: _____ Artwork Orientation (choose one) Vertical (portrait) **or** Horizontal (landscape)

Description of art: _____

Product: _____ Problem: _____

Student Name: _____ Teacher: _____ Grade: _____

Send to: ORIGINAL WORKS

54 Caldwell Road • Stillwater, NY 12170 • lawfi@originalworks.com