Shipping Form C- Original Program  
 Additional Orders

**INTERNAL USE ONLY:**CODE:   
RECV’D BY:  
DATE:

Organization Information: *Please complete all information*

***This form MUST accompany your additional orders.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization: | | School Code: | | |
| Address: | | | | |
| City | State: | | | Zip: |
| Contact: | | Phone: | | |
| Weekdays you will be closed: | | | # Artworks sent: | |

Orders: Please submit original artwork and order form for any artwork that is not on file. One order form per artwork. Use this section if ordering more products from a previously processed artwork. You do NOT need to resubmit the artwork for these orders.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Order Form #: |  | Artwork Description: | |  | |
| Is artwork *(choose one)*  Vertical (portrait) **or**  Horizontal (landscape) | | | | | |
| Product: | | | Product: | | Product: |
| Order Form #: |  | Artwork Description: | |  | |
| Is artwork *(choose one)*  Vertical (portrait) **or**  Horizontal (landscape) | | | | | |
| Product: | | | Product: | | Product: |
| Order Form #: |  | Artwork Description: | |  | |
| Is artwork *(choose one)*  Vertical (portrait) **or**  Horizontal (landscape) | | | | | |
| Product: | | | Product: | | Product: |
| Order Form #: |  | Artwork Description: | |  | |
| Is artwork *(choose one)*  Vertical (portrait) **or**  Horizontal (landscape) | | | | | |
| Product: | | | Product: | | Product: |
| Order Form #: |  | Artwork Description: | |  | |
| Is artwork *(choose one)*  Vertical (portrait) **or**  Horizontal (landscape) | | | | | |
| Product: | | | Product: | | Product: |

*Original Works will provide free shipping & handling for the first shipment of additional orders.   
All subsequent additional order shipments will be subject to a $10.00 shipping & handling fee.*

Billing Options:

Our organization requires that we issue a **Purchase Order** to Original Works in order to be invoiced. **\*The Purchase Order # is:**  *Please select one:*

**Send Profit Check.** We are sending 100% of the money collected and will receive our profit check within 10 business days   
 of order processing. **Please make checks payable to: Original Works \* Check #: Check Amount: $**

**Exact payment.** We have tallied all of our orders and are sending in the exact amount. The tally will be confirmed by Original Works. **Please make checks payable to: Original Works \* Check #: Check Amount: $**

**Invoice.** Please tally all orders then send us a final invoice. We understand that payment of the invoice is due in full upon receipt. \* **Please email invoice to: or fax to:**

Send to: ORIGINAL WORKS  
Building 1 • 54 Caldwell Road • Stillwater, NY 12170 • 800**-**421**-**0020 • fax 518-580-0639