

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form C- Original Program Additional Orders

This form MUST accompany your additional orders.

Organization Information: *Please complete all information*

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)	<input type="checkbox"/> Vertical (portrait) or	<input type="checkbox"/> Horizontal (landscape)	
Product:	Product:	Product:	

Order Form #:	Artwork Description:		
Is artwork (choose one)	<input type="checkbox"/> Vertical (portrait) or	<input type="checkbox"/> Horizontal (landscape)	
Product:	Product:	Product:	

Order Form #:	Artwork Description:		
Is artwork (choose one)	<input type="checkbox"/> Vertical (portrait) or	<input type="checkbox"/> Horizontal (landscape)	
Product:	Product:	Product:	

Order Form #:	Artwork Description:		
Is artwork (choose one)	<input type="checkbox"/> Vertical (portrait) or	<input type="checkbox"/> Horizontal (landscape)	
Product:	Product:	Product:	

Order Form #:	Artwork Description:		
Is artwork (choose one)	<input type="checkbox"/> Vertical (portrait) or	<input type="checkbox"/> Horizontal (landscape)	
Product:	Product:	Product:	

Billing Options: *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.*

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

