

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form D- Original Program Orders

*Please submit original artwork & order forms.*Organization Information: *Please complete all information*

Organization:		Account Code:	
Address:			
City:	State:	Zip:	
Contact:		Phone: ()	
Note any weekdays you will be closed:			# artworks included:

Billing Options: *For finished products/orders, free shipping and handling is offered on all wholesale orders of \$300.00 or more. For orders of less than \$300.00, a \$25.00 shipping fee will apply and pre-payment of the order is required.*

Our organization requires that we issue a **Purchase Order** to Original Works in order to be invoiced.***The Purchase Order # is:** _____ and should be referenced on the invoice.*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:** _____

PLEASE CONSULT YOUR BUSINESS OFFICE FOR YOUR LOCAL SALES TAX STATUS AND ORGANIZATION'S TAX POLICY

TAX STATUS: If your school is in: **CA, CO, FL, GA, MD, MI, NC, NJ, NY, SC, TN, TX or VA** please review the following and check the appropriate box:

We are TAX EXEMPT and our tax form is attached, has already been submitted, or will be faxed or mailed. We understand that without a tax exempt form on file, we will be charged sales tax.

Purchases made by this organization are TAXABLE. We will be charged tax based on the SCHOOL COST of the products.

It is the responsibility of the organization to increase the PRICE TO FAMILIES to cover any tax liability.

Send to: ORIGINAL WORKS

Building 1 • 54 Caldwell Road • Stillwater, NY 12170

800-421-0020

