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## **Shipping Form D**Original Program Order Phase

Please submit original artwork & order forms.

Organization Information: Please complete <u>all</u> information				
Organization:		Ad	Account Code:	
Address:		I		
City:	State:		Zip:	
Contact:		Ph	Phone: ( )	
Note any weekdays you will be closed:			# artworks included:	
Billing Options:  For inished 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.  If your school or organization requires a Purchase Order to be issued to Original Works in order to be invoiced please provide:  *The Purchase Order # is: to 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 check 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 check 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:				
TAX STATUS: If your school is in: <b>CA, CO, FL, G</b> appropriate box:	A, MD, MI, NC, NJ, NY, SC, TN, T tached, has already been submit sales tax.	<b>TX or VA</b> please	faxed or mailed. We understand that without	
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