

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form A- SBYB

Artwork Shipment

*This form **MUST** accompany your shipment.*

Organization Information: *Please complete all information*

Organization: _____

School Account Code: _____

Address: _____

City: _____

State: _____

Zip: _____

Contact: _____

Phone: _____

Please note any weekdays you will be closed: _____

Artwork Details: *Please complete all information*

Number of artworks sent: _____ **Number of classes:** _____

- ★ Please note that if the organization is unable to complete the program and send in orders, the organization will be responsible for paying 100% of the See Before You Buy magnets produced.
- ★ Original Works cannot accept any late artwork for the magnet phase of the program. If a child misses the magnet phase of the program, they are still eligible to submit an order for any product during the Order Phase of the program.

Send to: ORIGINAL WORKS

Building 1 • 54 Caldwell Road • Stillwater, NY 12170

800-421-0020 • cs@originalworks.com

