

Send this form with your **ORDERS**

For Internal Use

CODE _____

Rec'd By _____

Date _____



Shipping Form B

Preview Magnet Program

School/Organization

School/Organization Name:		School Code:
Shipping Address:		
City:	State:	Zip:
Contact Name:		Phone #:
Weekdays you will be closed:		

Order Details

of Orders Sent:

Magnet Details **(REQUIRED- please complete one)**

# of Preview Magnets purchased:	Total \$ collected for your program:

or

If the above "MAGNET DETAILS" is not completed we will proceed by billing at 60% of the total number of magnets produced.

Payment Information

- Your invoice will be emailed to you after your products have shipped
- Payment is due upon receipt of invoice
- If you require a Purchase Order # on your invoice, please provide the #: _____
- Questions on your invoice or about payment? Contact: finance@originalworks.com

If the total amount of all your orders is less than \$300 wholesale, a \$25 shipping will be added to your invoice.

Shipping Information

- ☐ Please do not send orders in individual bags
- ☐ **Do not return unpurchased magnets.** Please recycle or reuse them.
- ☐ Organize by teacher/grade
- ☐ Use the provided prepaid UPS return service label
- ☐ Drop off at any UPS shipping center location
- ☐ Send to:
Original Works
54 Caldwell Road
Stillwater, NY 12170
518.584.9278