

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____



Shipping Form B: Orders

See Before You Buy Program

This form MUST accompany your shipment.

Please submit original artwork and order form for orders to be processed

Organization Information: Please complete all information

| | | | |
|--|--------|------------------------------|--|
| Organization: | | Account Code: | |
| Address: | | | |
| City | State: | Zip: | |
| Contact | | Phone: | |
| Please note any weekdays you will be closed: | | Number of artworks included: | |

Billing Options: Please select one

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.

- Send Profit Check. We are sending 100% of the money collected, so that Original Works can generate our profit check. Please tally our magnets & orders and send us a final invoice and Order Recap Report. We understand we will receive our profit check within 10 business days. Please make checks payable to: Original Works *Check #: _____ Check Amount: \$ _____
- Invoice. We collected a total of \$ _____ from our program. We would like Original Works to tally our magnets and orders and send us an invoice and an Order Recap Report. We understand that payment of the invoice is fully due upon receipt.
- Exact payment. We have tallied all of our magnet purchases & orders and have completed the magnet tally below. We are sending in the exact amount. The tally will be confirmed by Original Works. Please make checks payable to: Original Works *Check #: _____ Check Amount: \$ _____
1. Number of See Before You Magnets purchased: _____
 2. Number of See Before You Magnets returned: _____
 3. Number of See Before You Magnets outstanding: _____
 4. Total number of See Before You Magnets manufactured: _____ (total lines 1-3)
- Purchase Order. 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 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.

For more details or for copies of other forms, visit the Customer Care Center on our website

www.originalworks.com/index.php/customer-care/

Send to: ORIGINAL WORKS

Building 1 • 54 Caldwell Road • Stillwater, NY 12170 • 800-421-0020 • cs@originalworks.com