

**For Internal Use**

CODE \_\_\_\_\_

Rec'd By \_\_\_\_\_

Date \_\_\_\_\_



**Shipping Form B**

SS Preview Magnet Program | Orders

**Complete and include this form with your orders**

**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**

Total \$ collected for your program: _____	or	# of Preview Magnets purchased: _____
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**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](mailto: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