

For Internal Use

CODE _____

Rec'd By _____

Date _____



Shipping Form B

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 (REQUIRED- please complete one)

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

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