

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____



Original Works

Shipping Form C- See Before You Buy Additional Orders

This form MUST accompany your additional orders.

Organization Information: Please complete all information

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

Billing Options: Please select one

Original Works will provide free shipping & handling for the first shipment of Additional orders. All subsequent Additional order shipments will be subject to a \$10.00 shipping & handling fee.

- Send Profit Check. We are sending 100% of the money collected and will receive our profit check within 10 business days of order processing.
Please make checks payable to: Original Works
* Check #: _____ Check Amount: \$ _____
- Invoice. Please tally all orders then send us a final invoice. We understand that payment of the invoice is due in full upon receipt.
* Please email invoice to: _____ or fax to: _____
- Exact payment. We have tallied all of our orders and are sending in the exact amount. The tally will be confirmed by Original Works.
Please make checks payable to: Original Works
* Check #: _____ Check Amount: \$ _____
- 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.

Orders: Please submit original artwork and order form for any artwork that is not on file. One order form per artwork.

Use this section if ordering more products from a previously processed artwork. You do NOT need to resubmit the artwork for these orders.

Order Form #:	Artwork Description:	
Is artwork (choose one)	<input type="checkbox"/> Vertical (portrait) or	<input type="checkbox"/> Horizontal (landscape)
Product:	Product:	Product:
Order Form #:	Artwork Description:	
Is artwork (choose one)	<input type="checkbox"/> Vertical (portrait) or	<input type="checkbox"/> Horizontal (landscape)
Product:	Product:	Product:
Order Form #:	Artwork Description:	
Is artwork (choose one)	<input type="checkbox"/> Vertical (portrait) or	<input type="checkbox"/> Horizontal (landscape)
Product:	Product:	Product:

Send to: ORIGINAL WORKS

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