

INTERNAL USE ONLY

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form F

Fix-It

Organization Information: *Please complete all information*

Organization: _____ School Account Code: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: () _____

Please note any weekdays you will be closed: _____

Fix-It: **Order Form # & description of art are required for processing.** *Please complete ALL information.*

Order Form #: _____ Artwork Orientation (choose one) Vertical (portrait) **or** Horizontal (landscape)

Description of art: _____

Product: _____ Problem: _____

Student Name: _____ Teacher: _____ Grade: _____

Order Form #: _____ Artwork Orientation (choose one) Vertical (portrait) **or** Horizontal (landscape)

Description of art: _____

Product: _____ Problem: _____

Student Name: _____ Teacher: _____ Grade: _____

Order Form #: _____ Artwork Orientation (choose one) Vertical (portrait) **or** Horizontal (landscape)

Description of art: _____

Product: _____ Problem: _____

Student Name: _____ Teacher: _____ Grade: _____

Order Form #: _____ Artwork Orientation (choose one) Vertical (portrait) **or** Horizontal (landscape)

Description of art: _____

Product: _____ Problem: _____

Student Name: _____ Teacher: _____ Grade: _____

Order Form #: _____ Artwork Orientation (choose one) Vertical (portrait) **or** Horizontal (landscape)

Description of art: _____

Product: _____ Problem: _____

Student Name: _____ Teacher: _____ Grade: _____

Send to: ORIGINAL WORKS

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