

For Internal Use

CODE _____

Recv'd By _____

Date _____

Submitted by _____

Approved _____

**Shipping Form F**

Fix-It

Complete and include this form with your additional orders**School/Organization**

* Denotes REQUIRED Information

School/Organization Name***School Code***

Shipping Address:

City:

State*

Zip:

Contact Name:

Phone #:

Weekdays you will be closed:

of Artwork Sent:

Instructions

- Complete the information below. Order Form # and Description of art are required from processing

Fix-It

* Denotes REQUIRED Information

Order Form # ***Artwork Orientation***☐

Portrait (Vertical)

☐

Landscape (Horizontal)

Artwork description***Products & Quantity & Problem (ie: 1 Grande Mug, Broken Handle) ***

Student Name/Teacher/Grade:

Order Form # ***Artwork Orientation***☐

Portrait (Vertical)

☐

Landscape (Horizontal)

Artwork description***Products & Quantity & Problem (ie: 1 Grande Mug, Broken Handle) ***

Student Name/Teacher/Grade:

Shipping Information

- Sending artwork? Mail to: Original Works, 54 Caldwell Road, Stillwater, NY 12170
- No artwork to mail? Email the completed form to: lawfi@originalworks.com