

For Internal Use

CODE _____

Recv'd By _____

Date _____



Shipping Form F

Tile Wall | Fix-It

School/Organization

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. Detailed description of art is required for processing

Fix-It

Artwork Orientation if applicable: <input type="checkbox"/> Portrait (Vertical) <input type="checkbox"/> Landscape (Horizontal)
Artwork description:
Quantity & Problem (ie: Missing, chipped ect.):
Student Name/Teacher/Grade:
Artwork Orientation if applicable: <input type="checkbox"/> Portrait (Vertical) <input type="checkbox"/> Landscape (Horizontal)
Artwork description:
Quantity & Problem (ie: Missing, chipped ect.):
Student Name/Teacher/Grade:
Artwork Orientation if applicable: <input type="checkbox"/> Portrait (Vertical) <input type="checkbox"/> Landscape (Horizontal)
Artwork description:
Quantity & Problem (ie: Missing, chipped ect.):
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